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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(9)

1. Corporation Name

ALBERTO QUIRANTES C.P.O., INC.

1 (84)883) (48 (584) 48883	Sills bilds ile, ared all	Ait 6:6:4 6:5: acar	

Principal Place of Business Mailing Address			I fåålngål fed iten endes mille beid))	1011 61611 61611 6	7511 01511 1051			
2137 SW 8TH MIAMI FL 3313		2137 SW 8TH STREET MIAMI FL 33135	=						
								e of Last Report 15/01/1995	
2. Principal Plac	te of Business	2a. Mailing Address			4. FEI Number 59-2645550		▶	pplied For lot Applicable	
	Suite, Apt. #, etc. Suite,		iite, Apt. #, etc.		5 Continuate of Status Desired St.			75 Additional se Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		S5.00 May Be Added to Fees			
3 Zip	Country	ZIp	Country		8. This corporation has liability for	intangible	tax under s	199.032,	
4	25	29	30			s □No			
`1	9. Name and Address of Curr	ent Registered Agent		,	10. Name and Address of New	Registere	d Agent		
			81	Name					
	TES, ALBERTO . 32 Ct. Rd.		82	Street Add	tress (P.O. Box Number is Not Accepta	ble)			
MIAMI FL			83						
			84	City		F	85 Zip	Code	
				L	oration submits this statement for the plant of directors. Thereby accept the ap-			onistered offic	
	of the provisions of Sections 607.03 and agent, or both, in the State of Fl and accept the obligations of, Se			oration's bo	ard of directors. Thereby accept the ap	pointment	as registered	agerit. I am	
SIGNATURE	Signature, typed or printed name of registered or	join and little if application (No.	DTE Begintered Agr-	of signature regel	risal vitiero repostatorgi	DA*I			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS A			
TITLE	PSD	☐ DELETE	1 1 1111.6				Change	Addition	
NAME	QUIRANTES, ALBERTO		1.2 NAME						
STREET ADDRESS	200 S.W. 32 CT. RD.		13 STREE	T ADDRESS					
C-TY-ST-ZIP	MIAMI FL		14 CHY-	ST-7P			- Change	FT Addition	
TITLE		☐ DELETE	2 1 TITLE				Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS			2 3 STREE	LADDRESS					
CITY - ST - ZIP			2 4 Cil Y -				Change	Add-tion	
TATLE		☐ DELETE	3 1 1111.6				[] Change	L Addition	
NAME			3.2 NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			3 4 CITY-				Change	Addition	
TITLE		DELETE	4 1 11/16	+				<u></u>	
NAM ^S	1		4.2 NAME	1					
STREET ADDRESS			I,	ET ADDRESS					
CITY-ST ZIP		TI DELETE	4.4 CITY - 5.1 TITLE				Change	Addition	
TITLE		☐ DELETE						_	
NAME			5.2 NAM5	Į.					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		DELETE	6.1 TUE				Change	☐ Addition	
TITLE	!	[_] otten	6.2 NAMI				_ ,		
NAME				ET ADDRESS					
STREET ADDRESS		·)	CA CITY	. CT. 7:P					
CITY-ST-ZIP	av cortify that the information suppl	ied with this filma is voluntarily fur	wished and de	oc not gualit	fy for the exemption stated in Section 1	19.07(3)(k)	, Florida Statu	ites. I further	
certify tha	t the information indicated on this	annual report or stipplemental an	nual report is t	rue and acc	urate and that my signature shall have this report as required by Chapter 607	he same le . Florida St	egal effect as atutes; and th	it made under nat my name	
anthi that	I am an officer or director of the o n Block 12 or Block 13 if changed.	arbaration or the receiver of trust	ee empowere	, to execute	Instruction as required by Orializer Cor	, 10-100 Oli	oversion to to the		
appears ii		\sim		10		016	رسو اسد.	1 1	
SIGNAT	TURE: MAL	us all la	Albert	O Sun	Admiles 3/5/4	US (3	03)5HI	1-4747	
5.414	SIGNATURE AND TYP	O OR PRINTED NAME OF SIGNING OFFI	CER OF DIRECTO	R			Daytime Pf one	3 4	