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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M34789

(1)

OLGA QUINONES AND ASSOC., INC.

FILED May 07 1997 8:00am Secretary of State



| | e of Business | | Mai | ling Address | | | | | 4 48018841 489 DILII WIDIK IDBOL IMIAE IDII | ALBIE ALBIE AL | AIT BIMIS NAB | it Other Con |
|---|----------------------|--|-------------------|---|--|--|---|-----------------|---|----------------|-----------------------------|------------------------------------|
| % OLGA QUINONES 777 N.W. 72ND AVE SUITE 3D1 MIAMI FL 33126 | | | | % OLGA QUINONES 777 NW 72 AVE STE 301 MIAMI FL 33126-3023 | | | | | | | | |
| MINIMI IE WOIEG | v | | ÜS | | | | | 1 - | Date Incorporated or Qualified 07/07/1986 | | te of Last 7/1996 | • |
| 2. Principal Pl | lace of Busin | ess | ļa | Mailing Address | | | | 4, 1 | FEI Number | | - | Applied For |
| 21 Suite, Apt - | # ote | ******* | 26 | Suite, Apt. #, etc. | | : | | | 59-2738985 | | | Not Applicable Additional |
| 22 | w, etc | | 27 | oute, ript. #, oto. | | | | 6. (| Certificate of Status Desired | | | Required |
| City & State | 6 | | | City & State | | | | 6. / | Election Campaign Financing | | \$5.0 | O May Be |
| 23 | | | 28 | | | | | L | Trust Fund Contribution | | | d to Fees |
| Zψ | | Country | | Žip | Cou | ntry | | 8. | This corporation has liability for | | | s. 199.032, |
| 24 | | 25 | 29 | | <u> </u> | | | | | |] No | |
| | | and Address of Curren | t Registe | ered Agent | | Bi | Name | 10. | Name and Address of New Re | gistered A | gent | |
| | Nones, Ol | | | | | " | Name | i | | | | |
| | N.W. 72ND | AVE. | | | | B2 | Street A | Address (P. | O. Box Number is Not Acceptal | ole) | | |
| STE | | | | | | 83 | | | | | | |
| MIAN | VII FL 33126 | | | | | | | | | | | |
| | | | | | | 84 | City | | | FL | 85 Zi | p Code |
| 11 Pursuanti | to the provision | ons of Sections 607 050: | 2 and 60 | 7 1508 Florida Stati | utes, the at | | -named | corporation | submits this statement for the | ourpose of | | its registered |
| office or re | egistered age | ent, or both, in the State h, and accept the obliga | of Florida | a. Such change was | authorize | d by | the corp | oration's bo | pard of directors. I hereby acce | pt the appo | ointment i | as registered |
| | ern rarriii asi wiit | n, and accept the oniga | anons or, | 360000007.0305, 1 | iona siai | ULGS | • . | | | | | |
| SIGNATURE | Signature, type 1 | ir printed name of registered age | ent and little if | applicable (NC | DIE: Registered | d Age | nt signature | required when r | reinstating) | DATE | | |
| 12. | | OFFICERS AND | D DIREC | TORS | 13. | | | | DDITIONS/CHANGES TO OFFI | CERS AND | | |
| 1171 f | D | | | ☐ DELETE | 1.1 TI | TLE | | PIT, S | | | Change | e X Addition |
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| PROPERTY AND AND A | サック ねれむ フ | | | | | | | | | | | |
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| | | • | |] DELETE | 1.4 CI 2 1 TI | TY - SI TLE | · . | | | | ☐ Change | e |
| CHY-S' ZIP | | • | | ☐ DELETE | 1.4 CI 2 1 TI 2.2 NA | TY-SI TLE AME | I-ZIP | | | | ☐ Change | e Addition |
| CHY-ST ZIP TIME | | • | | ☐ DELETE | 1.4 CI 2 1 TI 2.2 NA 2.3 SI | TY-SI TLE AME TREET | 1-ZIP Address | - | | | ☐ Change | e Addition |
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| CHY-ST ZIP HILLE NAME STREET ABOURDS CHY-ST-ZIP HILLE | | • | | DELETE | 1.4 CI 2.1 TI 2.2 NA 2.3 SI 2.4 C 3.1 TI | TY-ST TLE AME TREET . TLE | 1-ZIP Address | | | | ☐ Change | |
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Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: