

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90029 024 ***150.00

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DOCUMENT # M41769

1. Corporation Name
QUINTANA INVESTMENT, CORP.



Principal Place of Business

C/O JUAN B. QUINTANA
801 W. 49 ST., #224
HIALEAH FL 33012

Mailing Address

C/O JUAN B. QUINTANA
801 W. 49 ST., #224
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1986

2. Principal Place of Business

21 410 WEST 29 ST

2a. Mailing Address

26 410 WEST 29 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HIALEAH, FLORIDA

City & State

28 HIALEAH, FLORIDA

Zip Country

24 33012 25

Zip Country

29 33012 30

4. FEI Number

59-2744248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax:

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

QUINTANA, JUAN B.
801 W. 49 ST.
#224
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

DIGNA QUINTANA

82 Street Address (P.O. Box Number is Not Acceptable)

410 WEST 29 ST

83

84 City

HIALEAH

FL

85 Zip Code
33012

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PTD
STREET ADDRESS QUINTANA, JUAN B.
CITY-ST-ZIP 714 W. 53 TER
HIALEAH FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS QUINTANA, DIGNA N.
CITY-ST-ZIP 714 W. 53 TERR.
HIALEAH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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, with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99

Date

Daytime Phone #

CR2E034 (11/98)