

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002360 (5)

1. Corporation Name

VISION QUEST CRIME PARTNERS INC.



Principal Place of Business

Mailing Address

17720 N.W. 41ST AVENUE
MIAMI FL 33055

17720 N.W. 41ST AVENUE
MIAMI FL 33055

3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

11/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0481695

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLMES, JUDITH M
17720 N.W. 41 AVE.
MIAMI FL 33055

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P
HOLMES, JUDITH M
STREET ADDRESS 17720 N.W. 41 AVE. #307
CITY-ST-ZIP MIAMI FL 33055

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

17720 N.W. 41 Ave.
Miami, FL 33055

TITLE ☐ DELETE

NAME T
SIMMS, DENISE D
STREET ADDRESS 390 N.E. 125 ST. #307
CITY-ST-ZIP N. MIAMI FL 33161

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

800001868928
-06/20/96--01022--034
***70.00

TITLE ☐ DELETE

NAME VP
ISAEI, EVADNEY
STREET ADDRESS 1500 N.E. 125 TERR. #9
CITY-ST-ZIP N. MIAMI FL 33161

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Marilyn Sharpless
2251 SW 84 Terrace
Miramar, FL 33025
D.

TITLE ☐ DELETE

NAME S
MCGHEE, NELL
STREET ADDRESS 2953 N.W. 192 TERR.
CITY-ST-ZIP MIAMI FL 33056

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

McGhee, Nell
2953 NW 192 Terr.
Miami, FL 33056
D.

TITLE ☐ DELETE

NAME VP
ROLLE, WILFRED
STREET ADDRESS 15000 N.E. 10 CT.
CITY-ST-ZIP N. MIAMI BCH. FL 33161

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Rolle, Wilfred
15000 NE 10 Ct.
N. Mia Bch, FL 33161
D.

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Atty. Xavier Suarez
3060 S. Mia. Ave.
Miami, FL 33129
D.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judith M. Holmes Judith M. Holmes

4/1/96

305-624-9382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)