

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000109697

1. Entity Name

PONS QUINTANA INTERNATIONAL, INC.



Principal Place of Business

4995 NW 72 AVE SUITE 302
MIAMI, FL 33166

Mailing Address

4995 NW 72 AVE SUITE 302
MIAMI, FL 33166



04062004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0031248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PONS QUINTANA, SANTIAGO
4995 NW 72ND AVE STE #302
MIAMI, FL 33165

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PONS QUINTANA, SANTIAGO
STREET ADDRESS	C/SAN ANTONIO 120, 07730
CITY - ST - ZIP	ALAYOR, MENORCA, SPAIN,
TITLE	VD
NAME	PONS PALLISER, SANTIAGO
STREET ADDRESS	C/SAN ANTONIO 120, 07730
CITY - ST - ZIP	ALAYOR, MENORCA, SPAIN,
TITLE	SD
NAME	PONS PALLISER, MAGDALENA
STREET ADDRESS	C/SAN ANTONIO 120, 07730
CITY - ST - ZIP	ALAYOR, MENORCA, SPAIN,
TITLE	D
NAME	MASCARO, INES PALLISER
STREET ADDRESS	C/SAN ANTONIO 120, 07730
CITY - ST - ZIP	ALAYOR, MENORCA, SPAIN,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/09/04-80027-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAGDALENA PONS Palliser 4/6/04 305-477-3765

Date

Daytime Phone #