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May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000014638 (0)

1. Corporation Name

QUENTIN INVESTMENT CORP.

Principal Place of Business

2929 E. COMMERCIAL BLVD.
SUITE 402
FT. LAUDERDALE FL 33308

Mailing Address

255 COMMERCIAL BLVD.
SUITE 200
LAUDERDALE-BY-THE-SEA FL 33308-4475
US

3. Date Incorporated or Qualified
12/22/1992

3a. Date of Last Report
05/29/1996

2. Principal Place of Business

21 3101 N. FEDERAL Hwy

2a. Mailing Address

26 3101 N. FEDERAL Hwy

4. FEI Number
65-0377588

Applied For
Not Applicable

Suite, Apt. #, etc.

22 #600

Suite, Apt. #, etc.

27 #600

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 FORT LAUDERDALE FLA

City & State

28 FORT LAUDERDALE FLA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip 33306-1042

Country

25

29 Zip 33306-1042

Country

30

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

MELVIN, MICHAEL W
2929 E. COMMERCIAL BLVD.
SUITE 402
FT. LAUDERDALE FL 33308

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 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HASHEMI, A. H
STREET ADDRESS 4015 W. PALM TREE DRIVE, #505
CITY-ST-ZIP POMPANO FL

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

TITLE V
NAME CALEFFE, ROBERT
STREET ADDRESS 4011 N. CYPRESS DRIVE, #205
CITY-ST-ZIP POMPANO FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/97

Date

(954) 564-6550

Daytime Phone #

CR2E034 (9/96)