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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023527 (3)

INES QUINONES, P.A.

## FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						$\dashv$		ABIII BUILD (I	INDE IIINI EKKE	
6160 N.W. 153 ST. 6160 NW 153RD ST										
MIAMI LAKES FL 33014		MIAMI LAKES FL 3301	MIAMI LAKES FL 33014			DO NOT WRITE IN THIS SPACE				
US		US					Date Incorporated or Qualified	E IN THIS	SPACE	
						3.	03/30/1993			
2. Principal Place of Business 2a. Mailing Address						4	FEI Number	<del></del>		pplied For
21		26	<del></del>			"	65-0400660			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1_				Additional
22		27	27			5.	Certificate of Status Desired			laquired
City & State		City & State	City & State			6.	Election Campaign Financing		\$5.00	May Be
23		28	<u> </u>				Trust Fund Contribution		Added	to Fees
Zip	Country	7 <sub>(p)</sub>	Country			8.	This corporation owes or has p			
24	25   9, Name and Address of Curre	29	[30]			Щ.	Personal Property Tax due June			_] No
		int negistered Agent		B1 Na	ime	10.	Name and Address of New R	agistered	Agent	
	HUINONES, INES		Ľ							
6160 NW 153RD ST				<b>32</b> Sti	eet Addr	ess (P	O. Box Number is Not Accepta	ble)		
M	IIAMI LAKES FL 33014			83		·····	· · · · · · · · · · · · · · · · · · ·			
	·									
			[1	B4 Ci	y	,		FL	85 Zip	Code
11 Persuant	t to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	ites the ahi	ove-na	med coin	oration	o submits this statement for the			ite registered
office or	registered agent, or both, in the Stat am familiar with, and accept the obli-	e of Florida. Such change was	authorized	by the	corporati	ion's b	poard of directors. I hereby acce	pt the ap	pointment as	registered
-		gations or, section 607.0505, r	ionda Statu	105.						
SIGNATURE	Signature, typed or ponted name of registered at	gent and title if applicable (NO	TE Registered.	Agent sig	nature roquire	ed when	reinstaling)	DATE		
12.	OFFICERS AF	VD DIRECTORS	13.				ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12
TITLE	D	☐ DELE <b>te</b>	1.1 T(TL	E					Change	☐ Addition
NAME	QUINONES, INES		1.2 NAN	/E						
STREET ADDRESS	10767 S SARATOGA		1.3 STR	EET ADDR	ESS					
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY	/-ST-ZIP						
TITLE		☐ DELET <b>E</b>	2.1 TOTLE						Change	☐ Addition
NAME			2 2 NAM	2 2 NAME						
STREET ADDRESS	1			2.3 STREET ADDRESS			•			
CITY-ST-ZIP			2. 4 CIT	Y-\$1-ZIP						
TITLE		☐ DELETE	3.1 TITL						L Change	☐ Addition
NAME			3.2 NAM	4E						į
STREET ADDRESS			3.3 STRI	EET ADDR	ESS					
CITY-ST-ZIP		T beleve		Y-ST-ZIP					<del>-   -   -   -   -   -   -   -   -   -  </del>	
TITLE		☐ DELETE	4 1 THTL		•				Change	Addition
NAME			4. 2 NAM							
STREET ADDRESS				EET ADDR	ESS					
CITY-ST-ZIP TITLE	<del></del>	☐ DELETE	4.4 CITY 5.1 TITL	- \$1 - ZIP				<del></del>	Change	Addition
NAME		- Decent	5.2 NAM						r ∩ ouanâs	
STREET ADDRESS	1									
CITY-ST-ZIP	1			EE1 ADDR '- \$1- Zip	:a3					
TITLE		DELETE	6.1 TITLE						Change	Addition
NAME	j	<b></b>	6.2 NAM		1				01101190	
STREET ADDRESS				ET ADDRI	-ss					
CITY-ST-ZIP				- ST - ZIP	-24					
14. I hereby	certify that the information supplied	with this filing does not qualify t	for the exen	option s	stated in S	Section	n 119.07(3)(i), Florida Statutes. I	further or	ertify that the	information
indicated	on this annual report or supplement director of the corporation or the director	al amulai report is true and ac-	curate and	that my	/ signatur	e shall	I have the same legal offect as i	il made ur	ndar aath: the	attam an
Block 12	or Block 13 if changed, or on an all	ach pent with an address.	CAUCUIO (III	o repu	. aa requ	mod D	ry onapior our, ribrida statutes;	and that	my name ap	poars III