

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000085749 (8)**

1. Corporation Name
QUINLAND INC.



Principal Place of Business
**111 S.W. 3RD STREET
PENTHOUSE
MIAMI FL 33130**

Mailing Address
**111 S.W. 3RD STREET
PENTHOUSE
MIAMI FL 33130**

2. Principal Place of Business
21 **11269 SW 164 St.**
22 **Miami, FL**
23 **33157**
24 **Dade**

2a. Mailing Address
26 **11269 SW 164 St.**
27 **Miami, FL**
28 **33157**
29 **Dade**

3. Date Incorporated or Qualified **12/10/1993**

3a. Date of Last Report **04/13/1995**

4. FEI Number **APPLIED FOR 65-0489546**

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
**KORETZKY, DAVID A
111 S.W. 3RD STREET
PENTHOUSE
MIAMI FL 33130**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	QUINLAND, SAMUEL A	
STREET ADDRESS	111 S.E. 3RD ST., PENTHOUSE	
CITY - ST - ZIP	MIAMI FL 33130	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	QUINLAND, VIVIAN L	
STREET ADDRESS	111 S.E. 3RD ST., PENTHOUSE	
CITY - ST - ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Quinland, Samuel A.	
13 STREET ADDRESS	11269 SW 164 Street	
14 CITY - ST - ZIP	Miami, FL 33157	
21 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Quinland, Vivian L.	
23 STREET ADDRESS	11269 SW 164 Street	
24 CITY - ST - ZIP	Miami, FL 33157	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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)(b), 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.

SIGNATURE: *Vivian L. Quinland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 375-1637

CR2E034 (12/95)