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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

QUANTUM CENTER OF MIAMI, INC.



DOCUMENT # P94000042287 (0)

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 20 1997 8:00am Secretary of State



2 ALHAMBRA PLAZA PH II         2 ALHAMBRA PLAZA PH II         3a. Date of Lest Report           CORAL GABLES FL 33134         CORAL GABLES FL 33134-5202           3. Date Incorporated or Qualified 06/01/1994         3a. Date of Lest Report 12/23/1996           2. Principal Place of Business         2a. Mailing Address         4. FET Number 65-0444042         Applied For Not Applicable           21         25         Suite, Apt. #, etc.         Not Applicable           22         27         5. Certificate of Status Desired Fee Required         \$8.75 Additional Fee Required           22         City & State         6. Election Campaign Financing Trust Fund Contribution         \$5.00 May Be Added to Fees           2ip         Country         7ip         Oountry         8. This corporation has liability for intangible tax under s. 199.032.	Principal Place	incipal Place of Business Mailing Address									
PH I CORAL CABLES FL 33194	,		•	Mailing Address						1001 1001	
SORAL GABLES FL 33194 CORAL GABLES FL 33194-SX02  2. Principal Place of Business	2.1.2.										
Principal Piace of Business   2a. Mailing Activities   2b. Mailing Ac		S FL 33134	* * * * * * * * * * * * * * * * * * * *	14-5202					~		
2. Principal Prince of Business   2e. Maining Address   2. En Maining Address				•			'	,		eport	
Suite, Apt #, etc.   Suite,	Dringing Pi	too of Business	9a Mailing Address					12/2			
Suitc, April #, etc.    Suitc, April #, etc.		lace of Dusifiess	·- \							···	
City & State   Selection Compating Financing   S.5.00 May Be   Trust Fund Contribution   Added to Foot   Added to Foot   S. Pais consportation take which is 189 City   Country   S. Pais consportation take which is 189 City   S. Pais consportation take which   S. Pais conspo	Suite, Apt.	#, e1c.					-				
City & State    State   City & City & State   City	22			·			5. Certificate of Status Desired	LV			
28						6. Election Campaign Financing		\$5.00	May Be		
Country   Zeb   28   30   29   30   29   10   20   10   20   20   20   30   20   20   20   2	23		28								
10, Name and Address of Nam Registered Agent	Zip Country		Zip	Zip Country						199.032,	
OLLE, DENNIS ESO. OLLE, MACAULAY, ZORRILLA, P.A. 201 SOUTH BISCAYNE BLVD., #1402 MIAMI FL 33131  14 City FL 85 Zip Code  15. Pursuant to the provisions of Sections 607 Code, Florida, Stoches, Strands, Statutes, Strands, Strands, Statutes, Strands, Statutes, Strands, Stra	24									· ········	
OILE, MACAULAY, ZORRILLA, P.A. 201 SOUTH BISCAYNE BLVD., #1402 MIAMI FL 33131  B4 Criy FL S Zircet Address (F.C. Box Number is Not Acceptable)  B4 Criy FL S Zircet Address (F.C. Box Number is Not Acceptable)  B5 Zircet Address (F.C. Box Number is Not Acceptable)  B6 Criy FL S Zircet Address (F.C. Box Number is Not Acceptable)  B7 Criy FL S Zircet Address (F.C. Box Number is Not Acceptable)  B7 Criy FL S Zircet Address (F.C. Box Number is Not Acceptable)  B8 Zircet Address (F.C. Box Number is Not Acceptable)  B8 Zircet Address (F.C. Box Number is Not Acceptable)  B8 Zircet Address (F.C. Box Number is Not Acceptable)  B8 Zircet Address (F.C. Box Number is Not Acceptable)  B8 Zircet Address (F.C. Box Number is Not Acceptable)  B8 Zircet Address (F.C. Box Number is Not Acceptable)  B8 Zircet Address (F.C. Box Number is Not Acceptable)  B8 Zircet Address (F.C. Box Number is Not Acceptable)  B8 Zircet Address (F.C. Box Number is Not Acceptable)  B8 Zircet Address (F.C. Box Number is Not Acceptable)  B9 Zircet Address (F.C. Box Number is Not Acceptable)  B9 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Not Acceptable)  B1 Zircet Address (F.C. Box Number is Number is Number of Potable in Number is Not Acceptable)  B1 Zir		<del></del>	it Hegistered Agent		ā 1 °	Nana	10. Name and Address of New Ro	gistered	Agent		
## City   Fig.   Bs Zip Code    11. Pursuant to the provisions of Sociens (407,000) and (507,150), Florids Statutes, the above named corpe ation submits this statement for the purpose of changing its registered agent, and mailliair with, and accept the obligations of, Section 607,005, Florids Statutes, the above named corpe ation submits this statement for the purpose of changing its registered agent, and mailliair with, and accept the obligations of, Section 607,005, Florids Statutes.    12.				ľ	''	name					
MIAMIF   3313131			^	8	2	Street Add	ress (P.O. Box Number is Not Acceptable)				
### City			2	8	3						
Pursuant to the provisions of Societies 607,010-02 and 607,110-08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agont, or both in the State of Horida. Such change was author/red by the corporation's board of directors, it hereby accept the appointment as registered agont, or hopfur and accept the obligations of, Section 607 6505, Florida Statutes.    Signature   Sign	MIAN	AI PL 33131									
11. Pursuant to the provisions of Socious 607 0.000 and 607 1.008, fi locids Stututes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 0.505, Florida Statutes.    12.				8	4	City		EI	85 Zip (	Code	
12.	agent. I a SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607 0505,	Florida Statut	les.				f changing its pointment as	s registered registered	
THILE   P\$	<del></del>				\gent	signature requ	·		NDECTOR	9C IN 10	
NAME   LOWELL, JOHN JR.   12   NAME   13   STREET ADDRESS   CITY-ST-ZIP   CORAL GABLES FL 33   133   14   CITY-ST-ZIP   CORAL GABLES FL 33   133   Charge   Addition   Additio						T	ADDITIONS/CHANGES TO OFF	JENS AND			
STREET ADDRESS   185 W. SUNRISE AVENUE   13 STREET ADDRESS   14 CITY-ST-ZIP	1 1			1 1	1						
COTY - ST - ZIP	STREET ADDRESS					DORESS					
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STREET ADDRESS 63 STREET ADDRESS						DDRESS					

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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truster 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, if in an artification with an address.