

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

FILED

May 06 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 # **P94000058277 (2)**

1. Corporation Name

QUIRUDENT CORP.

Principal Place of Business

Mailing Address

**8180 CLERY BLV
#1810
PLANTATION, FL
33324**

**8180 CLERY BLV
#1810
PLANTATION, FL
33324**

3. Date Incorporated or Qualified

08/08/94

3a. Date of Last Report

04/12/96

4. FEI Number

65-0510583

Applied For

Not Applicable

6. 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRISPINO D SANTIAGO M
8180 CLERY BLV #1810
PLANTATION, FL 33324**

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
officer 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☒ DELETE
NAME **CRISPINO, SANTIAGO M**
STREET ADDRESS **544 SW 183RD WAY**
CITY-ST-ZIP **REHOBOTE PINES FL 33029**

TITLE **SECRETARY** ☒ DELETE
NAME **MORENO, INES J**
STREET ADDRESS **8180 CLERY BLV #1810**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PRESIDENT** ☒ Change ☐ Addition
12 NAME **CRISPINO, SANTIAGO M**
13 STREET ADDRESS **8180 CLERY BLV #1810**
14 CITY-ST-ZIP **PLANTATION FL 33324**

21 TITLE **SECRETARY** ☒ Change ☐ Addition
22 NAME **MORENO INES J**
23 STREET ADDRESS **8180 CLERY, BLV #1810**
24 CITY-ST-ZIP **PLANTATION, FL 33324**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 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: **Subiripino** **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/96 **(954) 473 1214**
Date Daytime Phone #

CR2E034 (9/96)