

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 21 1997 8:00am
Secretary of State

DOCUMENT # P94000065815 (0)

1. Corporation Name
HABER & QUINN, INC.

Principal Place of Business
14237 SW 94TH CIRCLE LANE UNIT 103
MIAMI FL 33186

Mailing Address
14237 SW 94TH CIRCLE LANE UNIT 103
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1994	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0516703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 12515 N. KENDALL DRIVE	26 12515 N. KENDALL DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 305	27 SUITE 305
City & State	City & State
23 MIAMI, FL	28 MIAMI, FL
Zip	Zip
24 33186	29 33186
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

HABER, GERI
14237 SW 94TH CIRCLE LANE UNIT 103
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name GERI HABER
82 Street Address (P.O. Box Number is Not Acceptable) 12515 N. KENDALL DRIVE
83 SUITE 305
84 City MIAMI
FL 85 Zip Code 33186

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-16-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	HABER, GERI	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	14237 SW 94TH CIRCLE LANE UNIT 103		
	MIAMI FL 33186		
<input type="checkbox"/> DELETE	QUINN, JOHN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4453 SW 13TH TERRACE		
	MIAMI FL 33134		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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]

7-16-97

CR2E034 (4/97)

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City & State

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Zip

24 33186

Country

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12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HABER, GERI
STREET ADDRESS 14237 SW 94TH CIRCLE LANE UNIT 103
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☐ DELETE
NAME QUINN, JOHN
STREET ADDRESS 4453 SW 13TH TERRACE
CITY-ST-ZIP MIAMI FL 33134

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

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

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

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

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

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

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

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