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

DOCUMENT # P9400065815 (0)

HABER & QUINN, INC.

Principal	Place	of	Business
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FILED Jul 21 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
14237 SW 94TH CIRCLE LANE UNIT 103 14237 SW 94TH CIRCLE LANE UNIT 103					
MIAMI FL 33186 MIAMI FL 33186		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifie	
					, ·
9 Principal D	lace of Business	2a. Mailing Address		08/30/1994 4. FEI Number	01/30/1996
	N. KENDAL DRIVE	<u> </u>	NOALL DRIVE		Applied For
Suite, Apt.		Suite, Apt. #, etc.	NUME DEIVE	65-0516703	Not Applicable \$8.75 Additional
	305	27 SUNTE 305		5. Certificate of Status Desired	Fee Regulred
City & State		City & State		& Floation Compains Financing	, , , , , , , , , , , , , , , , , , ,
23 MIANU		28 MIAMI, FL		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has	
24 3310		L '	30] UŚ∕A	Personal Property Tax due Ju	
	g. Name and Address of Current			10. Name and Address of New	
HAI	BER, GERI		81 Name	i a libraria	
	37 SW 94TH CIRCLE LANE UNIT	103		STALL HTTHSE-IR	inhla)
	MI FL 33186	100	12515	N KENDALL D	ENE
"""			83		
Į			2017	F 30,>	
ļ			84 City NA	mil	Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607,1508, Florida Statute	1 1 ' ''	.,	
office or r	to the provisions of Sections 607.0502 egistered agont, or both, in the State of familiar with, and accept the obliga	of Florida. Such change was a	ulhorized by the corporation	on's board of directors. I hereby ac	cept the appointment as registered
	n amiliar with, and accept the colliga	tions of, Specion 607.0505, Floi	nda Statutes.	•	1-16-07
SIGNATURE	Signature, typed or printed name of registered agent	and tile if applicable. (NOTE	Registered Agent signature require	d when reinstating)	CIAT:
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	Haber, Geri		1.2 NAME]:
STREET ADDRESS	14237 SW 94TH CIRCLE LANE	UNIT 103	13 STREET ADDRESS		13
CITY-ST-ZIP	MIAMI FL 33186		1.4 C(TY - ST - Z)P]{
TITLE	0	DELETE	21 TITLE		Change Addition
NAME	QUINN, JOHN		2.2 NAME		
STREET ADDRESS	4453 SW 13TH TERRACE		2.3 STREE1 ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY - S1 - 2IP		i
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		\
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE		DELETE	6) TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
2111 91-21			VA VIII OLIZII		

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I funr 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 effects 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 Statutesnd that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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.)

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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P9400065815 (0) HABER & QUINN, INC. Principal Place of Business Mailing Address 14237 SW 94TH CIRCLE LANE UNIT 103 14237 SW 94TH CIRCLE LANE UNIT 103 MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 08/30/1994 01/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 12515 N. KENDALL DRIVE 12515 N. KENDAU DIZIVE 65-0516703 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE 30 SUITE Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI, П MIAMI. 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Son No Zιp Z_{iD} 3B186 24 33186 25 USA Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HABER, GERI G=121 HABE-R 14237 SW 94TH CIRCLE LANE UNIT 103 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33186** 125 83 84 City 85 Zip Code 53186 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 an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. -16-9 SIGNATURE Signature, typed or printed transc of registered agent and (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 649 DELFTE Change TITLE 1.1 TITLE Addition NAME HABER, GERI 1.2 NAM CR2E034 14237 SW 94TH CIRCLE LANE UNIT 103 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition QUINN, JOHN NAME 22 NAME 4453 SW 13TH TERRACE STREET ADDRESS 23 STREET ADDRESS **MIAMI FL 33134** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 4.1 TITLE TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 117LF Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELFTE TITI F ☐ Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 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 furn 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 effects 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 Statutosod that my name