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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # P940(& QUINN, INC.	00065818	5 (0)					
Principal Plac	ce of Business	Mailing Addre	Mailing Address				JARE I BANDI I DONDI 1881.	DI DÍÁI FOUL
12515 N KENDALL DR STE 305 MIAMI FL 33186		STE 305 Miami Fl 331	MIAMI FL 33186			DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified		
2. Principal F	Place of Business	2a. Mailing A	ddress			08/30/1994 4. FEI Number	I Ar	plied For
21		26				65-0516703	h	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired	\$8.75 Fee Re	Additional equired
City & Stat	le .	City & Sta	to			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zıp	Country	Zφ		Countr	у	8. This corporation owes or has paid the o		
24	25	[29]	30	L		Personal Property Tax due June 30. 10. Name and Address of New Registers		No
	9. Name and Address of Cur	rent Registered Age	11	81	Name	10. Name and Address of New Hegisters	o Agent	<u></u>
HABER, GERI 12515 N KENDALL DR STE 305 MIAMI FL 33186			L	82 Street Address (P.O. Box Number is Not Acceptable) 83				
				B4	City	<u> </u>	85 Zip (Code
office or agent. I a	Signature, lyped or printed rame of regelered	Lagroi and title if applicable				rporation submits this statement for the purpose ation's board of directors. I hereby accept the a ured when reinstaing) DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
THTLE NAME STREET ADDRESS	D HABER, GERI 14237 SW 94TH CIRCLE L		DELETE		T ADDRESS		☐ Change	Addition
CITY-ST-ZIP	MIAMI FL 33188		DELETE	1.4 CITY-			Change	Addition
title Name Street adoress	D QUINN, JOHN 4453 SW 13TH TERRACE		Dett 1¢		T ADDRESS		Creatige	Addition
CITY-ST-ZIP TITLE	MIAMI FL 33134	·········	DELETE	2. 4 CITY-			Change	Addition
NAME				3.2 NAME			- Simile	- 100,1011
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				3.4. CITY-				
TITLE			DELETE	4.1 TITLE		7 1000	☐ Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	T ADDRESS			
CITY - ST - ZIP				4.4 CITY-	ST-ZIP			
TITLE			DELETE	5 1 TITLE			Change	Addition
NAME				5.2 NAME	1			
STREET ADDRESS	ነ			5.3 STREE	T ADDRESS			

14. Thereby certify that the information suindicated on this annual report of our officer or director of the corporation Block 12 or Block 13 if changing, 300 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ort is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an occupiowered to execute this reportes required by Chapter 607, Florida Statutes; and that my name appears in

6.1 TITLE

6.2 NAME

DELETE

CITY-\$1-ZIP

STREET ADDRESS

TITLE NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

FILED

Mar 12 1998 8:00am

Secretary of State