

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P94000091262 (3)**

1. Corporation Name

**QUINTANILHA & FRANCISCO, INC.**



Principal Place of Business

Mailing Address

**6524 CARRIER DRIVE  
ORLANDO FL 32819**

**6524 CARRIER DRIVE  
ORLANDO FL 32819-8200**

3. Date Incorporated or Qualified

**12/19/1994**

3a. Date of Last Report

**04/03/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**RAMOS, JOSE L  
1607 PARK LAKE STREET  
ORLANDO FL 32803**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-3285830**

Applied For

Not Applicable

5. 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

10. Name and Address of New Registered Agent

81

Name

**RAMOS, JOSE L**

82

Street Address (P.O. Box Number is Not Acceptable)

**5381-B HOFFENBERG AVENUE**

83

84

City

**ORLANDO**

FL

85

Zip Code

**32812**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**JOSE L. RAMOS**

**1/23/97**

12. OFFICERS AND DIRECTORS

TITLE

**DPT  
DOS SANTOS, VICTOR O**

☐ DELETE

NAME

**5811 TELIPA DRIVE**

STREET ADDRESS

**ORLANDO FL 32839**

CITY-ST-ZIP

TITLE

**DVPT  
DOS SANTOS, MARCIA F**

☐ DELETE

NAME

**5811 TELIPA DRIVE**

STREET ADDRESS

**ORLANDO FL 32839**

CITY-ST-ZIP

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**ORLANDO FL 32839**

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

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 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

**SIGNATURE OF REGISTERED AGENT**

**1-26-97 (1-26-97)**

CR2E034 (9/96)