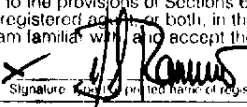
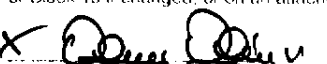


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 09 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 # P95000031045 1. Corporation Name IQ, INC.			
Principal Place of Business 1434 BORREAS DR. ORLANDO FL 32822		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 4/17/95	3a. Date of Last Report 1/21/97
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3313988	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent JOHNNY ROMERO 1434 BORREAS DR ORLANDO FL 32822		10. Name and Address of New Registered Agent	
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.		81. Name	
SIGNATURE: 		82. Street Address (P.O. Box Number is Not Acceptable)	
Signature of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)		83.	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNNY ROMERO 1434 BORREAS DR ORLANDO FL 32822 (PRESIDENT)	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIO ALARCON 1434 BORREAS DR ORLANDO FL 32822 (V-PRESIDENT)	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	☐ Change ☐ 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 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: 			

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