PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057179

1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90038 013 ***150.00

QUIVION	III, IIVO-							
Principal Place	e of Business	Mailing Address				i (#8:144) tab 16:81 prict 08:51 dott) parst op	imi marri (mmpa ria	1 0018 011 401
2925 NW 27TH AVE		2925 NW 27TH AVE	2925 NW 27TH AVE					,
MIAMI FL 33142		MIAMI FL 33142				DO NOT WRITE IN TH	IS SPACE	•
						3. Date Incorporated or Qualifed		
						07/21/1995	•	_
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26				65-0618012		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired	• -	Additional
22		27				J. Gertificate of States Desired		Required
City & State	е	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	$\overline{}$	untry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	_ No
	9. Name and Address of Cu	rrent Registered Agent	 -	81	Name	10. Name and Address of New Registere	u Agent	
A1 \//	ADET LATADO M			"	Name	·		
ALVAREZ, LAZARO M 2288 SW 5TH ST				82	Street Add	dress (P.O. Box Number is Not Acceptable)	[:	
	MI FL 33135			83				
							· .	
				84	City	F	85 Zip	Code
office or re	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	late of Florida. Such change was .	authorize	ed by t	-named cor he corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing is pointment as i	is registered registered
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14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRI

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-9°

Daytime Phone #

KZEU34 (11/98)