

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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000076265 (4)**

1. Corporation Name
QUAD ASSOCIATES, INC.



Principal Place of Business 8520 NW 176 STREET MIAMI FL 33015	Mailing Address 8520 NW 176 STREET MIAMI FL 33015-9525
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1995		3a. Date of Last Report 04/19/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0613553		Applied For Not Applicable	
23. Zip	25. Country	29. Zip	30. Country	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			

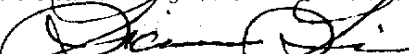
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROJAS, ILEANA M 18520 NW 81 CT HIALEAH FL 33012				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL 85. Zip Code			

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, if applicable, (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President (PD)
NAME	ROJAS, ANTONIO E JR	1.2 NAME	Ana H. Riera
STREET ADDRESS	18520 NW 81 CT	1.3 STREET ADDRESS	8520 NW 176 ST.
CITY-ST-ZIP	HIALEAH FL 33015	1.4 CITY-ST-ZIP	Hialeah, FL 33015
TITLE	VD	2.1 TITLE	Vice-President (VD)
NAME	RIERA, ANA M	2.2 NAME	Licenia Linars
STREET ADDRESS	8520 NW 176 ST	2.3 STREET ADDRESS	2363 NW 1 St.
CITY-ST-ZIP	HIALEAH FL 33015	2.4 CITY-ST-ZIP	Miami, FL 33125
TITLE	SD	3.1 TITLE	SD/ITD
NAME	LINARES, LICENIA	3.2 NAME	Juan C. Riera
STREET ADDRESS	2363 NW 1 STREET	3.3 STREET ADDRESS	8520 NW 176 St.
CITY-ST-ZIP	MIAMI FL 33125	3.4 CITY-ST-ZIP	Hialeah, FL 33015
TITLE	TD	4.1 TITLE	
NAME	RIERA, JUAN C	4.2 NAME	
STREET ADDRESS	8520 NW 176 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **Licenia Linars** 4/25/97 (305) 556-9199

CR2E034 (9/96)