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May 02 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 # P96000025605 (2)

1. Corporation Name

QUATRO CORPORATION

Principal Place of Business

10425 COLLINS AVENUE, #1010
MIAMI BEACH FL 33100

Mailing Address

10425 COLLINS AVENUE, #1010
MIAMI BEACH FL 33100-4542



3. Date Incorporated or Qualified

03/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 2801 N.W. 74TH AVE.

Suite, Apt. #, etc.

22 SUITE 210

City & State

23 MIAMI, FL.

Zip

24 33122

Country

25 USA

2a. Mailing Address

26 2801 N.W. 74TH AVE.

Suite, Apt. #, etc.

27 SUITE 210

City & State

28 MIAMI, FL.

Zip

29 33122

Country

30 USA

4. FEI Number

65-0655164

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 ☒

9. Name and Address of Current Registered Agent

GRAUBARD, WILLIAM
10425 COLLINS AVENUE, #1010
MIAMI BEACH FL 33100

10. Name and Address of New Registered Agent

81 Name

WILLIAM GRAUBARD

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

2801 N.W. 74TH AVE

83

SUITE 210

84 City

MIAMI, FL

FL

85 Zip Code

33122

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)

AGENT

04/07/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	GRAUBARD, WILLIAM	10425 COLLINS AVENUE, #1010	MIAMI BEACH FL 33100	<input type="checkbox"/>
VD	SILEBI, FRANKLIN	10425 COLLINS AVENUE, #1010	MIAMI BEACH FL 33100	<input type="checkbox"/>
SD	SILEBI, CANDICE	10425 COLLINS AVENUE, #1010	MIAMI BEACH FL 33100	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	WILLIAM GRAUBARD	2801 N.W. 74TH AVE, STE. # 210	MIAMI, FL 33122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE - PRESIDENT	FRANKLIN SILEBI	2801 N.W. 74TH AVE, STE. # 210	MIAMI, FL 33122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY DIRECTOR	CANDICE SILEBI	2801 N.W. 74TH AVE, STE. # 210	MIAMI, FL 33122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0218959

CR2E034 (9/96)