

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P96000045710 (6)**

1. Corporation Name  
**QUANTURO PUBLISHING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **800 BRICKELL AVE. SUITE 600 MIAMI FL 33131**  
 Mailing Address: **800 BRICKELL AVE. SUITE 600 MIAMI FL 33131**

3. Date Incorporated or Qualified  
**05/30/1996**

2. Principal Place of Business (21-23) and Mailing Address (2a-29) details including Suite #, City, State, Zip, and Country.

4. FEI Number: **APPLIED FOR 65-0755242**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATE ACCESS, INC.  
 1116-D THOMASVILLE RD.  
 TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent (81-85)  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JACKSON, ESTHER</b>                   | 1.2 NAME  |   |
| STREET ADDRESS             | <b>800 BRICKELL AVE., STE. 600</b>       | 1.3 STREET ADDRESS                                    | <b>800 BRICKELL AVE., STE. 1100</b>                               |
| CITY-ST-ZIP                | <b>MIAMI FL 33131</b>                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PESATURO, PHYLLIS</b>                 | 2.2 NAME  |   |
| STREET ADDRESS             | <b>800 BRICKELL AVE., STE. 600</b>       | 2.3 STREET ADDRESS                                    | <b>800 BRICKELL AVE., STE. 1100</b>                               |
| CITY-ST-ZIP                | <b>MIAMI FL 33131</b>                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PESATURO, ARTHUR</b>                  | 3.2 NAME  |   |
| STREET ADDRESS             | <b>800 BRICKELL AVE., STE. 600</b>       | 3.3 STREET ADDRESS                                    | <b>800 BRICKELL AVE., STE. 1100</b>                               |
| CITY-ST-ZIP                | <b>MIAMI FL 33131</b>                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

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.

SIGNATURE: \_\_\_\_\_ **ESTHER JACKSON** 04/24/98 305/373-3700

CR2E034 (10/97)