

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047517

1. Corporation Name

QUICK SIGNS OF MIAMI CORP.

Principal Place of Business Mailing Address 8410 W. FLAGLER ST. 8410 W. FLAGLER ST.					()			
#114B		#114B			DO NOT WRITE IN THIS SPACE			
MIAMI FL 33144 MIAMI FL 33144					3. Date Incorporated or Qualifed			
					06/01/1996			
2. Princinal P	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21 26					65-0668523	Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8	.75 A	dditional
22	·				5. Certifcate of Status Desired		ee Rec	uired=
City & Stat	e	City & State			6. Election Campaign Financing	\$	5.00	May Be
23		28			Trust Fund Contribution	Α	dded to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Ir			_
24	25	29 30			Personal Property Tax.	☐ Ye		□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	i Agent		
504	OLI CARLIII		81	Name				
ROACH, CARL III				Street Add	ress (P.O. Box Number is Not Acceptable)			
3540 SW 125TH COURT								
MIAI	MI FL 33175		83					
			84	City		85	Zip C	ode
				,	poration submits this statement for the purpose of	_		
SIGNATURE	Signature, typed or printed name of registered at	pent and title if applicable. (NOTE: Re	gistered Agen	t signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIF	ECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE			~~	hange	☐ Addition
NAME	ROACH, CARL III	-	1.2 NAME					
STREET ADDRESS	ACAD ANY ASSETT COLUMN		1.3 STREET	ADDRESS	,	,		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST			:		
TITLE	D	☐ DELETE	2.1 TITLE			c	hange	Addition
NAME	ROACH, CLAUDIA III		22 NAME		•			
STREET ADDRESS	3540 SW 125TH COURT		2.3 STREET	ADDRESS		•		
CITY-ST-ZIP	MIAMI FL 33175	,	2.74 CITY-S					
TITLE		☐ DELETE	3.1 TITLE			□c	hange	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		•		
TITLE		☐ DELETE	4.1 TITLE			□c	hange	☐ Addition
NAME			4. 2 NAME		·	•		
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	r-zip				
TITLE		☐ DELETE	5.1 TITLE		•	□c	hange	Addition
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP			5.4 CITY-S	r-ZIP	The second secon		_	
	1	□ DELETE	6.1 TITLE	1			hange	☐ Addition

6.3 STREET ADDRESS

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.

NAME

STREET ADDRESS

02. 20.99

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90132 023 ***150.00