


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

FILED
May 04 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000053813 (7)
 1. Corporation Name
HIGH Q INSURANCE & FINANCIAL SERVICES CORP.



| | |
|--|--|
| Principal Place of Business 7671 SW 133RD CT. MIAMI FL 33183 | Mailing Address 7671 SW 133RD CT. MIAMI FL 33183 |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/20/1996

4. FEI Number
65-0736115 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

| | | | |
|--------------------------------|-------------------------|---------------------|------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 22. City & State | 27. City & State |
| 23. Zip | 28. Zip | 24. Country | 29. Country |

9. Name and Address of Current Registered Agent

**SUAREZ, LILIANA R
 7671 SW 133RD CT.
 MIAMI FL 33183**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code **FL**

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 of 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 607.0502, Florida Statutes.

SIGNATURE *[Signature]* DATE *[Date]*

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SUAREZ, LILIANA R | |
| STREET ADDRESS | 7671 SW 133RD CT. | |
| CITY-ST-ZIP | MIAMI FL 33183 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 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: *Liliana R Suarez* *Pres* *4/23/98* *305 725-0633*

CR2E034 (10/97)