PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000061017**1. Corporation Name

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90055 018 \*\*\*150.00

QUANTL	JM FINANCIAL ENTERPRISES	S, INC.				
Principal Plac	e of Business	Mailing Address			ill delita bilas isalis editas isalis ledis ledis	
22250 SOUTHWEST 98 PLACE 22250 SOUTHWEST 98 PLA MIAMI FL 33190 MIAMI FL 33190		CE	DO NOT WRITE II	THIS SPACE		
				3. Date Incorporated or Qualifed 07/22/1996	7710-01-700-	
2. Principal Place of Business 2a. Mailing A		2a. Mailing Address	-	4. FEI Number	Applied For	] s
21		26		65-0680427	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	1-5
22		City & State		5 St. Committee Signature		-
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip .a.: 1	Country Country	" Zip	Country	8. This corporation owes the current y	<del></del>	٠.
24	25	29	30	Personal Property Tax.	☐ Yes 🗷 No	_]
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	stered Agent	4
TDU		10.10	81 Name	. ,		
	IJILLO, JOSE C. 50 SW 98 PLACE	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		1
	MI FL 33190	•	83	2		7
,		1 - K	84 City	2000年,1月1日 1日 1	85 Zip Code	-
e malayan en anamanta a	ment and a second second	· · · · · · · · · · · · · · · · · · ·	'	- <u></u>	EL	
-11Pursuant office or i agent. I a				rporation submits this statement for the purption's board of directors. I hereby accept the	· ,	
	Signature, typed or printed name of registered agent a	4.707	Registered Agent signature requi		ATE	– æ
12.	OFFICERS AND PSTD	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition	∄
TITLE NAME	TRUJILLO, JOSE C	D DETECTO	1.2 NAME	Contrat		= 
STREET ADDRESS	SASES SOLITIBLIEST OF DI LOC		1.3 STREET ADDRESS			6
CITY-ST-ZIP	MIAMI FL 33190		1.4 CITY-ST-ZIP			8
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			ł
STREET ADDRESS	,		2.3 STREET ADDRESS			ł
CITY-ST-ZIP	**************************************		2. 4 CITY-ST-ZIP			4
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NAME :	For State Control	• :	3.2 NAME	•		ļ
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			4.2 NAME			
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CITY-ST-ZIP	]	3.2.				
TITLE		Est of the second	4.4 CITY-ST-ZIP		•	
NAME		DELETE			☐ Change ☐ Addition	n
STREET ADDRESS		□ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition	n
ı		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
CITY-ST-ZIP	PSTO	7.3 A.	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			# 65°
CITY-ST-ZIP TITLE	PSID BROWNER STATE	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	\$ 650 5
TITLE NAME	#650 #3654460 = 665 : \$2250 6000 ft 1 1 16 02 90 ( 98784 81 00 65	7.3 A.	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME			# 65°
TITLE	#650 #3654460 = 665 : \$2250 6000 ft 1 1 16 02 90 ( 98784 81 00 65	7.3 A.	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			# 65°

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.

**SIGNATURE** 

