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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

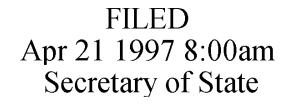


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000068231 (5)



Change

Change

Addition

Addition

QUIBAR	INC.							T POTOPOLI NO NOVIL DIVINDONI DONO DAN	I Belia B ir a t I		ia nada	ili Heri
Principal Place of Business Mailing Address												
14550 BRUCE B. DOWNS SUITE 269 TAMPA FL 33613		SL.	14550 BRUCE B. DOWNS SUITE 269 TAMPA FL 33613-2700									
							3	Date Incorporated or Qualified 08/15/1996	3a. Da	te of La	est Rep	ort
2. Principal Place of Business		2a.	2a. Mailing Address				4	, FEI Number			App	lied For
<u></u>		26	26					59-3394886	Not Applic			Applicabl
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					. Certificate of Status Desired		\$8.	75 Ad	Iditional
3		27	27				l°	. Certificate of Status Desired		Fe	e Req	uired
City & State			City & State				6	. Election Campaign Financing	\$5.00 M			lav Be
3		28						Trust Fund Contribution			ded to	
Zip	Country		Zip		untry	′	8	. This corporation has liability for			der s. 1	99.032,
4	25	29		30						No		
9. Name and Address of Current Registered Agent							10	, Name and Address of New Re	gistered Agent			
BAR	BOZA, CARLOS E				81	Name						
14550 BRUCE B. DOWNS					82 Street Add			(P.O. Box Number is Not Accepta	ole)			
	E 269				-	0.1001.10	. ,	o .c. Box realison to reach topopio	310)			
	PA FL 33613				83							
					<u> </u>			·			. .	
					84	City			FL	85	Zip Co	ode
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob-	1502 and 6 ate of Flori digations o	607.1508, Florida Statut ida. Such change was a fl, Section 607.0505, Fk	es, the a authorize orida Sta	bove d by lule:	e-named co the corpora s.	rporati ation's	on submits this statement for the board of directors, I hereby acce	ourpose of	chang pintmer	ing its	registered gistered
SIGNATURE	Signature, typed or printed name of registered	Suppl and little	Waysinstale WOT	(- Clasialnus	d for	ont signature req	die a nde	on reindation)	DATE			
12.	OFFICERS			13.	u rigi	na signature req		ADDITIONS/CHANGES TO OFFIC		DIBEC	TORS	IN 12
TITLE	PD	CHILL	DELETE	1.11	III F			ADDITIONO/OTANGEO TO OTT		Cha		Addition
NAME	BARBOZA, CARLOS E		ba-3 16	1.2 N		1					.00	
STREET ADDRESS	A A SECONDARION DE DISTRICTO DE LA COMPANSION DE LA COMPA			,	1.3 STREET ADDRESS							
T1101 C1 00010			3	1.4 CITY-ST-ZIP								
CITY-ST-ZIP	STD		DELETE	2.1 T		11-ZIP				Cha	000	Addition
TITLE	1 = =		L Ducett	1		}					пЯс	LJ AGO/GO
NAME	BARBOZA, JOSEFA	11/0 #00	20	2.2 N								
STREET ADDRESS	14550 BRUCE B. DOWNS B	LYD. #20	Ŋ	- 1		ADDRESS						
CITY-ST-ZIP	TAMPA FL 33613		DELETE			S1-ZIP				T 76		T Address
TUTE	VD		DELETE	3,17		ĺ				Cha	nge	Addition
NAME	BARBOZA, JUAN M		TT 444	3.2 N		1						
STREET ADDRESS 14550 BRUCE B. DOWNS BLVD., SL			i E 216 33 ST			ADDRESS						
CITY-ST-ZIP	TAMPA FL 33613			3.4. (HY-	S1-ZIP						
TITLE			☐ DELETE	4.11	11LE	1				Cha	nge	Addition

6.4 CITY-ST-ZIP 14. 10 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 eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, from an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

53 STHEET ADDRESS

6.3 STREET ADDRESS

5 4 CMY-ST-ZIP

4.4 CITY-ST-2(P