


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

FILED
May 18 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 # P96000081669 (9) 1. Corporation Name VISIONQUEST FINANCIAL SERVICES, INC.			
Principal Place of Business 8400 SOUTHWEST 133 AVENUE ROAD, SUITE 107 MIAMI FL 33183		Mailing Address 8400 SOUTHWEST 133 AVENUE ROAD, SUITE 107 MIAMI FL 33183	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/02/1996		4. FEI Number 65-0696650	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	
9. Name and Address of New Registered Agent 81 Name ADALBERTO RAMIREZ 82 Street Address (P.O. Box Number is Not Acceptable) 8400 SW 133 AVE. RD., #107 83 City Miami FL 85 Zip Code 33183		10. 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 <i>[Signature]</i> DATE 4/30/98	
11. OFFICERS AND DIRECTORS 11.1 TITLE PTD 11.2 NAME RAMIREZ, ADALBERTO 11.3 STREET ADDRESS 8400 SOUTHWEST 133 AVENUE ROAD, SUITE 107 11.4 CITY-ST-ZIP MIAMI FL 33183 11.5 TITLE VSD 11.6 NAME CHECA, ROSALBA 11.7 STREET ADDRESS 8400 SOUTHWEST 133 AVENUE ROAD, SUITE 107 11.8 CITY-ST-ZIP MIAMI FL 33183		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP 12.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP 12.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)