FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

◆PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000086078

IQ AIF	SERVICES, INC.	:			i İ					· .
					!	1			11	
Principal Place		Mailing Address					a si asi		+ #	
4//0 8	BISCAYNE BLVD., STE.	1070								
MIAMI,	FL 33137-3251	•								
					: "	3. Date Incorpo	vated or Qualified	3a. Da	ate of Last Re	eport
2 Principal Pi	lace of Business	2a. Mailing Address			·	4. FEI Number	/96		- 1 142	-liad Car
	as above	26			I di	65-07036	S85	1.75		plied For Applicable
Suite Apt.		Suite, Apt. #, etc.			·	1			\$8.75 A	
22		27				5. Certificate of	Status Desired	ليبا	Fee Re	quired
City & State	9	City & State		,	5.1		npaign Financing		\$5.00	
Zip Country		Zip Country		solo.		Trust Fund C		<u> </u>	Added t	
Zip 24	25	29	30	ниу		Florida Statu	tion has liability for	intangible Ves 2	tax unders. Klino	199.032
24	9. Name and Address of Currer		1901	1	 		ddress of New Re			
				81 1	Name		- 1			
ROBERTO BRAVO					Street Addre	ss (P.O. Box Num	ber is Not Acceptal	ble)		
27101	SW 143 CT.			63	!		4. 1	13 T	4	
				84 (City				85 Zip (Code
HOMES	TEAD. FL 33032	NO 007 1500 Finance Co.						FL		
11. Pursuant office or re	to the provisions of Sections of .050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change wi	atules, ine a as authorize	d by th	named corpo he corporation	on's board of direc	tors. I hereby acce	purpose of	changing is ointment as	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Sta	lules.	i Line of the following	eggs for i	16.5	+1 #k	** *	
SIGNATURE	Signature typed or printed name of registered so	ent and title if epolicable (f	NOTE Registers	d Agent	signature require	d when reinstating)		DATE		
12.		ID DIRECTORS	13.				HANGES TO OFFI	CERS AND	DIRECTOR	S IN 12
TITLE	PRESIDENT	☐ DELETE	1.1 Ti	TLE				3,33	☐ Change	Addition
N4M8			1.2 N	IAME			4.32			
STREET ADORESS	LUIS R. QUINONEZ			TREET AD				1 7 7		
©TV+\$T-ZIP	11232 DEDEVEUX MAI	NOR LANE		ITY-\$1-	ZIP				Change	Addition
TATLE	FAIRFAX STATION, '	VA 22039 LI DECER	2.1 T 2.2 N				A 19		rail counte	F" LYCOURTS
NAME STREET ADORESS	-		1	ITREET AC	nnece		#15g.		1	
				CITY-ST-			1 a 1	111		
CiTY+ST+ZIP TITLE		DELETE	31 T		LT .				Change	Addition
NAME		_		IAME !	i i		# 2 #		7	
STREET ADDRESS			3.3 S	TREET AC	DORESS			14		
2:74=57.79			34.0	CITY-ST-	ZIP		the file		<u> </u>	ļ
* - 1.5		☐ DELETE	411	ITLE					Change	Addition
5498			4.27	NAME	! 1		1.4		1	
STREET POGRESS			435	TREET AL	DORESS		A Programme	100		
2.75 - 27 - 2.P		and the same and t		XTY - ST -	ZIP	·····			17 66	1 Addition
**5		☐ OELETE		ITLE					Change	Addition
1/41/15		*		IAME				1 1 1		
STREET ADDRESS				TREET A	. 1					
211 + - ST + 21P		DELETE		ITY-ST-	ZIP	· ·			Channa	Addition
1 1 2 2 2		C' DECEIE		IAME		200	100216	331	82 ~	
NAME amoran in agus			- E	imme Street al	DOBESS	-05/	000218 19/97011 65.00	.070	45	05 5/8/97
879667 -1. 9635 				HTY-ST-		***1	65.00	100		5/0/11
11 - 57 - 27	L	an with the filing door not a				o Section 110 07	3Vii Florida Statut	as I lutha	r cartify that	the

14. pointered centry 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 normation and cated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that 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 of on an argonized with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

703 .931.8900

FILED

May 08 1997 8:00am

Secretary of State

Day: me Phone #