

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

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98 JUL -7 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050981 (4)

1. Corporation Name

QUIRANTES O & P CORP.



Principal Place of Business

Mailing Address

5301 S.W. 8TH ST.
MIAMI FL 33130

5301 S.W. 8TH ST.
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3801 S.W. 126 AVE, CB 211

Suite, Apt. #, etc.

22 City & State

23 MIAMI FLO.

Zip

24 33027

Country

25 U S

2a. Mailing Address

26 3801 S.W. 126 AVE, CB 211

Suite, Apt. #, etc.

27 City & State

28 MIAMI FLO.

Zip

29 33027

Country

30 U S

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

65-0760518

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

9. Name and Address of Current Registered Agent

QUIRANTES, JOSE M
1808 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
ARMANDO QUIRANTES

82 Street Address (P.O. Box Number is Not Acceptable)
3801 S.W. 126 AVENUE, C B 211

83

84 City
MIAMI

FL

85 Zip Code
33027

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, 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 for with, and accept the appointment, Section 607.0505, Florida Statutes.

SIGNATURE *Armando Quirantes* ARMANDO QUIRANTES, PRES.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/26/98

12. OFFICERS AND DIRECTORS

TITLE P/S/T/D/ QUIRANTES JOSE M
NAME 1808 N. UNIVERSITY DR.
STREET ADDRESS PEMBROKE PINES FL. 33024
CITY-ST-ZIP

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P/S/T/D/ QUIRANTES ARMANDO
3801 S.W. 126 AVENUE, C B 211
MIAMI FLORIDA 33027

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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; that I am a shareholder or a 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.

Armando Quirantes PRES. 6/26/98

CP2E034 (10/97)