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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000104944 (8)

RQP, INC.

Principal	Place	of	Business
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Mailing Address

## **FILED** Apr 22 1998 8:00am Secretary of State



2812 NW 35T MIAMI FL 331	2 NW 35TH STREET 2812 NW 35TH STREET MI FL 33142 MIAMI FL 33142						
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  10/19/1007	5 SPACE	
2. Principal Pi	ace of Business	2a. Mailing Address			12/12/1997 4. FEI Number	An An	plied For
21		26					t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	•	City & State			6. Election Campaign Financing	\$5.00	
23 Zin	Country	28 Zin	Cour	hter.	Trust Fund Contribution	Added to	
Zip 24	25	Zip <b>29</b>	30	шу	<ol><li>This corporation owes or has paid the of Personal Property Tax due June 30.</li></ol>		angible   ] No
	g, Name and Address of Currer	_ <del>                                     </del>	[30]		10. Name and Address of New Registere		
FIL	INGS, INC.	reverse de la residencia de la reversión de la		81 Name 7	LYA PALINSKY		
	32 N.W. 16TH STREET						
	LAUDERDALE FL 33311-4132		[		ddress (P.O. Box Number is Not Acceptable)		
			[	63			
			ŀ	84 City		85 Zip C	Code
				1 //	1/13m1 F	<u>L</u>   <i>33</i> .	14
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	by the corpo	orporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its pointment as r	s registered registered
agent. I a	m lamiliar with, and a cept the oblig	ations Section 607.0505, Flo	orida Statu	ites.	المراجعة ا	100	
SIGNATURE	Signature, typed or poped name of registered age	and and the Karrolicable (NOTI	Registered	Anoni tionalure re	equited when reinstating) DATE	9/	
12.	OFFICERS AN		13.	Agent big latare te	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 10	LE		Change	Addition
NAME	Palinsky, Ilya		1.2 NA	ME			
STREET ADDRESS	2812 NW 35TH STREET		1.3 STI	EET ADDRESS			[,
CITY+ST-ZIP	MIAMI FL 33142		1.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	2.1 T(T				Addition [
NAME			2.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CI	Y-ST-ZIP		Change	Addition
NAME			3.2 NA	1		C commige	v againstiv
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TIT	.E		☐ Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	EET ADDRESS		1 1	
CITY-ST-ZIP		——————————————————————————————————————		Y-ST-ZłP			114100
TITLE		☐ DELETE	5.1 TIT		- Al	hange	L Addition
NAME ATTORET ADDRESS			5 2 NAI			4/12	,
STREET ADDRESS				EET ADDRESS	20000249/1/1	1.J()	V
CITY-ST-ZIP TITLE		DELETE	5 4 CH	Y-ST-ZIP F		114 Change	Addition
NAME		pag Section	62 NA		***150.08	's Triff outside	
STREET ADDRESS				EET ADDRESS	mmri digi de		j
CITY-ST-ZIP				Y-ST-ZIP			

Thereby 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 anathment with an address.