

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90170 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000015068

1. Corporation Name
QUORUM CORPORATION

Principal Place of Business
%JURIS MAGISTER CORPORATE SERVICES, INC.
80 S.W. 8TH STREET STE. 2077
MIAMI FL 33130

Mailing Address
%JURIS MAGISTER CORPORATE SERVICES, INC.
80 S.W. 8TH STREET STE. 2077
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1998

4. FEI Number

65-0812120

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1221 Brickell Ave.

Suite, Apt. #, etc.

22 #1100

City & State

23 Miami, FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 1221 Brickell Ave.

Suite, Apt. #, etc.

27 #1100

City & State

28 Miami, FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

AGRAMUNT, LUIS
80 S.W. 8TH STREET STE. 2077
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 #1100
84 City
85 Zip Code

Luis Agramunt

1221 Brickell Ave.

#1100

Miami

FL

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Signature, typed or printed name of registered agent and the W applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-21-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
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26.3 STREET ADDRESS
26.4 CITY-ST-ZIP

27.1 TITLE
27.2 NAME
27.3 STREET ADDRESS
27.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-95

305-393-5802

Date

Daytime Phone #

CR2E034 (11/98)