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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000021358

1. Corporation Name

QUICLAIMS, INC.

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90116 030 \*\*\*150.00



Principal Place	of Business	Mailing Address							
17450 S.W. 93 /	17450 S.W. 93 AVENUE								
MIAMI FL 33157	•	MIAMI FL 33157				DO NOT WRITE IN THIS SPACE			
					H	3. Date Incorporated or Qualifed	12 117 11110		
						03/05/1998		•	
2 0-111 01	Dunings	2a. Mailing Address				4. FEI Number		Δn	plied For
	ace of Business		146 Poincinh Ave			4. I CI Number			t Applicable
21 4 4	, Olderan, Mc	26 414 C FOLK Suite, Apt. #, etc.			YE.			\$8.75 A	
Suite, Apt. #	+, etc.					5. Certifcate of Status Desired		Fee Re	l l
City & State		City & State			-	6 St. C. O. Panaian Financian		<del> </del>	· -
<b>一つ</b>					-,	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
23 COCON	LUTGROVE, FL Country	Zip Country				8. This corporation owes the curr	cont year Int		<del> </del>
Zip 331	33 25 USA	29 33133 30	- , w	ĹΔ		Personal Property Tax.	ent year mu	Yes	™No
24 331	9. Name and Address of Current		<u>, Y</u>	<u>_/ `                                     </u>		10. Name and Address of New	Registered		
	3. Haine and Address of Surface	TOBISCHOO NOON	8	1 Name					
MAR	TINEZ, ENRIQUE A								
	0 S.W. 93 AVENUE		8:	2 Street	Address	s (P.O. Box Number is Not Accept	able)		
MIAN	8:	3 -11	70	TOINCIANA					
				´  <del></del>					
			84	4 City		1 = 6	EI	85 Zip (	Code
				<u>عت ا</u>	$\infty$	NOT GIZOVE	nurnose of	changing its	
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida. Such change was auth	orized by	y the corpo	oration's	s board of directors. I hereby acce	pt the appoin	ntment as re	gistered
SIGNATURE		ARTINEZ							[
	Signature, typed or printed name of registered agent		gistered Ag	ent signature r	required w	hen reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE		☐ DELETE	1.1 TITLE		P		A.33	Change	Addition
NAME			1.2 NAME		FR	EYA MARTINEZ 16 Poinciana	70.01	000	
STREET ADDRESS			1.3 STRE	ET ADDRESS	416	16 Poinciana	WE.		
CITY-ST-ZIP			1.4 CITY-	ST-ZIP	Co	CONUTGROVE, F	<u>-L 33</u>	<u> 3133</u>	
TITLE		☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME		2.2							,
STREET ADDRESS			2.3 STRE	ET ADDRESS	:	•			
CITY-ST-ZIP			2.4 CITY	-ST-ZIP	}				ì
TITLE		☐ DELETE	3.1 TITLE					☐ Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STRE	ET ADDRESS	.				ļ
CITY-ST-ZIP			3.4. CITY						
TITLE		☐ DELETE	4.1 YITLE		1			Change	Addition
			4, 2 NAM			•			
NAME			1	ET ADDRESS	.				
STREET ADDRESS			1		'				
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE		<del> </del>	<del></del>	- Kee	☐ Change	[ ] Addition
TITLE		C) DELETE	5.1 HILE 5.2 NAME						
NAME									
STREET ADDRESS				ET ADDRESS	'				
CITY-ST-ZIP		□ belete	5.4 CITY-		-			[] Change	☐ Addition
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ET ADDRESS	1				

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 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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP