

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

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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90098 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000058448

1. Corporation Name
QUIROGAS-BELDEN CORP.

Principal Place of Business
**5880 MIDNIGHT PASS RD #801
 SARASOTA FL 34242**

Mailing Address
**5880 MIDNIGHT PASS RD #801
 SARASOTA FL 34242**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/30/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0865110	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGINNESS, W. LEE 1800 SECOND STREET SUITE 971 SARASOTA FL 34236				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antonio A Quiroga	1.2 NAME	
STREET ADDRESS	5880 Midnight Pass Rd #801	1.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota FL 34242-2104	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nydia M Quiroga	2.2 NAME	
STREET ADDRESS	5880 Midnight Pass Rd #801	2.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota FL 34242-2104	2.4 CITY-ST-ZIP	
TITLE	P/T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria Quiroga	3.2 NAME	
STREET ADDRESS	41 E 28th St	3.3 STREET ADDRESS	
CITY-ST-ZIP	New York NY 10016	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ana Quiroga	4.2 NAME	
STREET ADDRESS	215 Red Rock Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	San Francisco CA 94131	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ SIGNATURE REQUIRED *Quiroga* 4/9/99 Date Daytime Phone # _____

CR2E034 (11/98)