

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

**FILED**  
**Feb 16, 1999 8:00am**  
**Secretary of State**

02-16-1999 90051 025 \*\*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000102597

1. Corporation Name  
**M Q INVESTMENTS INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5220 S.W. 89TH PLACE MIAMI FL 33165  
 Mailing Address: 5220 S.W. 89TH PLACE MIAMI FL 33165

3. Date Incorporated or Qualified  
**12/09/1998**

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City, State, Zip, and Country.

4. FEI Number (Applied For/Not Applicable)  
 5. Certificate of Status Desired (X) \$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

9. Name and Address of Current Registered Agent  
**MARTINEZ, HIRAM**  
**5220 S.W. 89TH PLACE**  
**MIAMI FL 33165**

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, HIRAM	
STREET ADDRESS	5220 S.W. 89TH PLACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARTINEZ, HIRAM	
STREET ADDRESS	5220 S.W. 89TH PLACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* **SIGNATURE REQUIRED** Date: **2-1-99** Daytime Phone #: **(305) 606-9507**

CR2E034 (1/198)