

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000091033**

HARQ. CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 PM 4:28

Principal Place of Business 6937 BAY DRIVE #309 MIAMI, FL 33141	Mailing Address
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2. Principal Place of Business 800 NW 106 AV	3. Mailing Address 800 NW 106 AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	City & State MIAMI FL
Zip 33172	Zip 33172
Country USA	Country USA

4. FEI Number 59-3603729	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVID M GONZALEZ 6937 BAY DRIVE # 309 MIAMI, FL 33141

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE **05/30/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE P	DAVID M GONZALEZ <input type="checkbox"/> Delete
NAME	6937 BAY DRIVE # 309
STREET ADDRESS	MIAMI, FL 33141
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **President** DATE **05/30/01**

CR2E034 (11/00)

MARQ CORP
800 NW 106 AV #8
MIAMI, FL 33141
TEL.(305)225-9605

SEPTEMBER 24 - 2001


FLORIDA DEPARTMRNT OF STATE
RE:DOCUMENT # P99000091033
FEI# 59-3603729

To Whom It May Concern:

I'M SENDING MY REINSTATEMENT REPORT, BECAUSE I NEVER
RECEIVED ORIGINAL ANNUAL REPORTS, I WILL APPRECIATE IF
YOU WAIVE THE LATE CHARGES.

ATTACHED IS THE REINSTATEMENT APLICATION WITH A
CHECK IN THE AMOUNT \$ 300.00 FOR THE YEARS 2000 & 2001.

SINCERELY YOURS



DAVID M GONZALEZ
PRESIDENT