

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

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S55283 (3)  
1. Corporation Name  
QUIRCH & ASSOCIATES, INC.



Principal Place of Business  
18339 N.W. 68TH AVENUE  
MIAMI FL 33015  
US

Mailing Address  
18339 N.W. 68TH AVENUE  
MIAMI FL 33015  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	P. O. Box 170965
22	City & State	27	City & State
23	Zip	28	HALEAH, FLA.
24	Country	29	33017
25		30	US

3. Date Incorporated or Qualified	
05/23/1991	
4. FEI Number	Applied For
65-0267066	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 or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
QUIRCH, EDUARDO J 18339 N. W. 68TH AVENUE MIAMI FL 33015				81 Name QUIRCH, EDUARDO J.			
				82 Street Address (P. O. Box Number is Not Acceptable) 6792 BROOKLINE DR.			
				83			
				84 City MIAMI FL 85 Zip Code 33015			

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUIRCH, ESPERANZA N.			1.2 NAME	QUIRCH, ESPERANZA N.		
STREET ADDRESS	18339 N.W. 68TH AVENUE			1.3 STREET ADDRESS	6792 BROOKLINE DR.		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL 33015		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUIRCH, ELENA			2.2 NAME	QUIRCH, ELENA		
STREET ADDRESS	18339 N.W. 68TH AVENUE			2.3 STREET ADDRESS	6792 BROOKLINE DR.		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL 33015		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUIRCH, EDUARDO J.			3.2 NAME	QUIRCH, EDUARDO J.		
STREET ADDRESS	18339 N.W. 68TH AVENUE			3.3 STREET ADDRESS	6792 BROOKLINE DR.		
CITY-ST-ZIP	HALEAH FL			3.4 CITY-ST-ZIP	MIAMI, FL 33015		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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.

SIGNATURE

*[Signature]*

18339 N.W. 68TH AVENUE  
MIAMI, FL 33015

CR2E034 (10/97)