

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90060 004 ***150.00

DOCUMENT # S55283

1. Corporation Name

QUIRCH & ASSOCIATES, INC.

Principal Place of Business

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

Mailing Address

P O BOX 170965
MIAMI FL 33017
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1991

4. FEI Number

65-0267066

Applied For

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6792 BROOKLINE DR.

Suite, Apt. #, etc.

22 MIAMI, FLA.

City & State

23 33015 USA

Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 170965

Suite, Apt. #, etc.

27 MIAMI, FL

City & State

28 33017 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

QUIRCH, EDUARDO J
18339 N. W. 68TH AVENUE
MIAMI FL 33015

10. Name and Address of New Registered Agent

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.

EDUARDO J. QUIRCH

DATE

1/6/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME QUIRCH, ESPERANZA N.
STREET ADDRESS 6792 BROOKLINE DR
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ DELETE
NAME QUIRCH, ELENA
STREET ADDRESS 6792 BROOKLINE DR
CITY-ST-ZIP MIAMI FL 33015

TITLE PD ☐ DELETE
NAME QUIRCH, EDUARDO J.
STREET ADDRESS 18339 N.W. 68TH AVENUE
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDUARDO J. QUIRCH 1/6/99 305-829-3239

Date

Daytime Phone #

0171921

0171921