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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90246 038 ***158.75

DOCUMENT # **S63605**

1. Corporat on Name

Principal Place of Business

QUIROS INTERNATIONAL, INC.

540 BRICKELL KEY DR., APT, 1523 Miami Fl 33:31			540 BRICKELL KEY DR., APT, 1523 Miami FL 33131						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/01/1991								
2 Principal Pi	ace of Business	2a. Mailing Ad	dress	· -				FEI Nu	,						App	ied For	
2. 1 11110.000.1 1	acc of Basilless		26							81238							Applicable
Suite, Art.	#, etc.		Suite, Apt	. #, etc.							tua Dan	irod			\$8.7	7 5 Ac	ditional
22		•	27					5.	Сеппса	te of Sta	ilus Des	irea			Fe	e Req	uired
City & State	9	City & State					6.	Election	Campa	ign Fina	ınçing			\$ 5.	00 N	lay Be	
23			28						Trust F	ınd Con	tribution		لسا		Add	ded to	Fees
Zip	Coun	ry	Zip	_	_ Country	/				poration		he cur	rent yea	ır Inta		-	٦
24	25	29 30					Person al Property Tax. 10. Name and Address of New Registere 17						Yes	L]No		
·	9. Name and Addr	ess of Current	Registered Ager	<u>nt</u>	81	T		10.	Name	and Add	ress of	New	Registe	re 1 A	gent		
OL IIE	IOS, ARIEL IVAN				01	"	lame										
	BRICKELL KEY DR.,				s	treet A	d fress (P.O. Box Number is Not Acceptable)										
MIAN	11 FL 33131				83	T											
					84	c	ity								85	Zıp Co	de
	to the provisions of Se					İ								FĻ	بلب		
office or re	egistered agent, or bot n familiar with, and ac	n, in the State of cept the obligation	Florida, Such ch ns of, Section 60	ange was aut 07.0505, Florio	norized by	the S.	corpor	ation's bo	ard of c	rectors.	i nereb	y acce	pt the ap	bb am	ment a	is regi	
12.		OFFICERS AND		·	13.	_		Α	ADDITIO	NS/CHA	NGES	TO OF	FICERS	S / NI	D DIRE	CTOR	S IN 12
TITLE	PSTD			DELETE	1.1 TITLE				•						Cha	nge	Addition
NAME	QUIROS, ARIEL				1.2 NAME												
STREET ADDRESS	540 BRICKELL KE	y drive, apt.	1523		1.3 STREE	TAD	DRESS										
CITY-ST-ZIP	MIAMI FL				1.4 CITY-S	T-ZI	,										
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TITLE			L	DECETE	6.2 NAME										_ 0.16	- 190	ارماست. ارب
NAME					6.3 STREE	TAD	DESS										
STREET ADDRESS					6.4 CITY-S												
CITY-ST-ZIP					0.4 CHY-S	31-Zi	-										

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 aport if 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 of trystee empoyed to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment with an address, with all other like empowers.

SIGNATURE:

2/20/99