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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

V56756

(2)

Mailing Address

R & Q, INC.

**FILED** May 19 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			1 19811 Allen Birit Griff (1981 Allen	1001
10600 S.W. 118TH STREET P.O. BOX 161123						
MIAMI FL 3	3176	MIAMI FL 33116		•	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
O Dringing I D	loos of Change	2a. Mailing Address			08/07/1992 4. FEI Number Applied F	
	lace of Business	F			4. FEI Number Applied F Not Appl	
Suite, Apt.	# etc	Suite, Apt #, etc.			\$8.75 Addition	
22	w, <b>0</b> 10.	27			5. Certificate of Status Desired Fee Required	
City & State	0	City & State			6. Election Campaign Financing \$5.00 May B	 3e
23		28			Trust Fund Contribution	
<b>2</b> ip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible	8
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Registered Agent	<del>-</del>
	IUINTERO, ADOLFO L.		8	1 Name		
	08 <b>0</b> 0 S.W. 116TH STREET		8	2 Street A	Address (P.O. Box Number is Not Acceptable)	
N	IIAMI FL 33176		Ļ	<u>_</u>		
			8	<b>"</b>		
			8	4 City	85 Zip Code	
					FL 3 2 F CODE	
11. Pursuant office or r	to the provisions of Sections 607 0502 : e <b>ciste</b> red abent, or both, in the State of	and 607.1508, Flori <b>da Stat</b> t I Florida: Such ch <b>ange wa</b> s	uies, the abo authorized i	ve-named o	corporation submits this statement for the purpose of changing its regis poration's board of directors. I hereby accept the appointment as registe	ared
agent. I a	m familiar with, and accept the obligate	ons of, Section 607. <b>0</b> 505, F	lorida Statut	es.		
SIGNATURE					required when reinstating) DATE	
12.	Signature typed or preded name of registered agent OFLICERS AND		11 Rogistared A	gon: signarure r	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	PD	DELETE	1.1 TOLE			Addition
NAME	QUINTERO, ADOLFO L		1.2 NAM	L		
STREET ADDRESS	10800 SW 116TH STREET			ET ADDRESS		
CITY-ST-ZIP	MIAMI FL	.1	1.4 CITY	l l		
TITLE	STD	DELETE	2.1 T(TLE		☐ Change ☐ A	Addition
NAME	QUINTERO, PATRICIA R.	•	2.2 NAM	£		
STREET ADDRESS	10800 SW 116TH STREET		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL	V	2. 4 CITY	- S1 - ZIP		
TITLE	VD	DELETE	3.1 TIFLE		Change A	Addition
NAME	RAMIREZ, HENRY	•	3.2 NAM	E		
STREET ADDRESS	9920 SW 131 ST.		3.3 \$TRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		3.4. CITY	'- ST - ZIP		
TITLE		DELETE	4.1 THE	:	Change A	Addition
NAME			4. 2 NAN	16		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- ST - Z(P		
TITLE		L] DELETE	5.1 TITLE	:	Change L. A	Addition
NAME			5 2 NAM	E		
STREET ADORESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		L_ DELETE	6 1 TITLE		☐ Change ☐ A	Addition
NAME			6.2 NAM	E		
STREET ADDRESS			63 STRE	ET ADDRESS		
CITY-ST-ZIP	<u> </u>		64 CITY			
4.4 I hereby o	cortify that the information supplied with	This files stock not applifu	for the even	ontino state	id in Section 119 07(3)(i). Florida Statutes. I further certify that the inform	vation

Thereby certify that the information supplies with this ling cods not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the informatic indicated on this annual report or suppliemental 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 this corporation or the receiver or trustice 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.