## 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

## DOCUMENT # V65943

Q MORTGAGE & INVESTMENTS, INC.

Principal Place	e of Business	Mai	iling Address				-				بالمصاد فيقاد متاد
21414 W DIXIE HIGHWAY N. MIAMI BEACH FL 33180 US			P.O. BOX 800019 AVENTURA FL 33280-0019 US					DO NOT Wi		S SPACE	
								09/21/1992			
2. Principal Pl	lace of Business	2a.	Mailing Address				1	4, FEI Number		Ap	plied For
21		26						65-0360598		, No	ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 / Fee Re	
City & State	e		City & State			•		6. Election Campaign Financing	 g	\$5.00	May Be
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country		Zip	Co	untry			8. This corporation owes the cu	ırrent year 1		
24	25	29		30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	nt Registe	ered Agent		81	Name	1	10. Name and Address of New	/ Registere	d Agent	
242	SI, TEDY				°'	Name					
3530	MYSTIC POINTE DR				82	Street	Address	s (P.O. Box Number is Not Accep	ptable)		market and a second
	E 1102				83			1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1			能調為
N MI	IAMI BEACH FL 33180				84	City		5 (6) \$1 \$4 (\$25) \(\text{L} \) \(\text{L} \	1983 SEW L. C. YES	85 Zip	Code
1					1 1	,			<u> </u>	LII	
11 Pursuant	to the provisions of Sections 607.050	2 and 60	7.1508, Florida State	ites, the a	bove	e-named	corporat	ition submits this statement for th	ne purpose	of changing its	registered
office or n agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the obligations of Signature, typed or printed name of registered agents.	of Florida ations of, \$	a. Such change was Section 607.0505, Fl	authorize orida Sta	d by t tutes.	the corpo	oration's	tion submits this statement for the board of directors. I hereby according to the reinstating)	ept the app	of changing its ointment as re	registered gistered
office or n agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida ations of, s	a. Such change was Section 607.0505, Fi	authorize orida Sta	d by t tutes.	the corpo	oration's	s board of directors. I nereby acc	DATE	AND DIRECTO	DRS IN 12
office or n agent. I a	registered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Florida ations of, s	a. Such change was Section 607.0505, Fi	authorize orida Sta: E: Registere	d by tutes.	the corpo	oration's	nen reinstating)	DATE	ointment as re	gistered
office or nagent. I as	registered agent, or both, in the State in familiar with, and accept the obligated Signature, typed or printed name of registered agents of P SASSI, TEDY	of Florida ations of, S int and title if a ND DIREC	a. Such change was Section 607.0505, Fi	authorize orida Sta E: Registere 13.	d by tutes.	the corpo	oration's	nen reinstating)	DATE	AND DIRECTO	DRS IN 12
office or nagent. I as SIGNATURE  12.	registered agent, or both, in the State in familiar with, and accept the obligated of printed name of registered agents of P SASSI, TEDY 3530 MYSTIC POINTE DR.#116	of Florida ations of, S int and title if a ND DIREC	a. Such change was Section 607.0505, Fi	authorize orida Star E: Registere 13. 1.1 T	d by tutes.  d Agent  ITLE  AME	the corpo	oration's	nen reinstating)	DATE	AND DIRECTO	DRS IN 12
office or nagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State in familiar with, and accept the obligated Signature, typed or printed name of registered agents of P SASSI, TEDY	of Florida ations of, S int and title if a ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NO1 CTORS	E: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C	d Agend ITLE IAME TREET	t signature re	oration's	nen reinstating)	DATE	AND DIRECTO	DRS IN 12
office or nagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of Ficers and Officers and P SASSI, TEDY 3530 MYSTIC POINTE DR.#116 AVENTURA FL 33180 V	of Florida ations of, S int and title if a ND DIREC	a. Such change was Section 607.0505, Fi	E: Registere  13. 1.1 T  1.2 N  1.3 S  1.4 C	d Agent d Agent ITLE IAME TREET ITY-ST	t signature re	oration's	nen reinstating)	DATE	AND DIRECTO	DRS IN 12
office or nagent. La. SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State in familiar with, and accept the obligated of printed name of registered agents. OFFICERS AN PASSI, TEDY 3530 MYSTIC POINTE DR.#116 AVENTURA FL 33180 V SASSI, CLAUDIO	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NO1 CTORS	E: Registere  13. 1.1 T 12 N 1.3 S 1.4 C 2.1 T	d Agend d Agend ITLE IAME TREET ITTY-ST	t signature ri	oration's	nen reinstating)	DATE	AND DIRECTO	DRS IN 12
office or nagent. La. SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State m familiar with, and accept the obligated of printed name of registered agents of FICERS AND P SASSI, TEDY 3530 MYSTIC POINTE DR.#116 AVENTURA FL 33180 V SASSI, CLAUDIO 3530 MYSTIC POINTE DR., #1	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NO1 CTORS	E: Registere  13.  1.1 T  1.2 N  1.3 S  1.4 C  2.1 T  2.2 N  2.3 S	d Agent d Agent ITLE IAME ITREET ITLE IAME	t signature re ADDRESS	oration's	nen reinstating)	DATE	AND DIRECTO	DRS IN 12
office or nagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State in familiar with, and accept the obligated of printed name of registered agents. OFFICERS AN PASSI, TEDY 3530 MYSTIC POINTE DR.#116 AVENTURA FL 33180 V SASSI, CLAUDIO	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NO1 CTORS DELETE	E: Registere  13. 1.1 T 12.N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C	d Agend d Agend d Agend lTLE IAME TREET TITLE IAME TREET	t signature re ADDRESS	oration's	nen reinstating)	DATE	AND DIRECTO	DRS IN 12 Addition
office or nagent. I all signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	registered agent, or both, in the State m familiar with, and accept the obligated of printed name of registered agents of FICERS AND P SASSI, TEDY 3530 MYSTIC POINTE DR.#116 AVENTURA FL 33180 V SASSI, CLAUDIO 3530 MYSTIC POINTE DR., #1	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NO1 CTORS	E: Registere  13. 1.17 12.N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 T	d by tutes.  ITLE  AME  TREET  TILE  TREET  TREET  TREET  TREET	t signature re ADDRESS	oration's	nen reinstating)	DATE	AND DIRECTO	DRS IN 12
office or nagent. I all signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State m familiar with, and accept the obligated of printed name of registered agents of FICERS AND P SASSI, TEDY 3530 MYSTIC POINTE DR.#116 AVENTURA FL 33180 V SASSI, CLAUDIO 3530 MYSTIC POINTE DR., #1	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NO1 CTORS DELETE	E: Registere  13. 1.1 T  12.N  1.3 S  1.4 C  2.1 T  2.2 N  2.3 S  2.4 4  3.1 T  3.2 N	d by tutes.  ITLE  IAME  TREET  TILE  IAME  TREET  TREET  TREET  TILE  IAME  TREET  TR	t signature re ADDRESS 1- ZIP ADDRESS T- ZIP	oration's	nen reinstating)	DATE	AND DIRECTO	DRS IN 12 Addition
office or nagent. I all signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	registered agent, or both, in the State m familiar with, and accept the obligated of printed name of registered agents of FICERS AND P SASSI, TEDY 3530 MYSTIC POINTE DR.#116 AVENTURA FL 33180 V SASSI, CLAUDIO 3530 MYSTIC POINTE DR., #1	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NO1 CTORS DELETE	E: Registere- 13. 1.1 T 12.N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S	ITLE IAME TREET TITLE TI	ADDRESS T-ZIP ADDRESS ADDRESS	oration's	nen reinstating)	DATE	AND DIRECTO	DRS IN 12 Addition
office or nagent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State m familiar with, and accept the obligated of printed name of registered agents of FICERS AND P SASSI, TEDY 3530 MYSTIC POINTE DR.#116 AVENTURA FL 33180 V SASSI, CLAUDIO 3530 MYSTIC POINTE DR., #1	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NO1 CTORS DELETE	E: Registere- 13. 1.1 T 12.N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 4 3.1 T 3.2 N 3.3 S 3.4.0	ITLE IAME TREET TREET TREET TREET TREET	ADDRESS T-ZIP ADDRESS ADDRESS	oration's	nen reinstating)	DATE DEFICERS A	AND DIRECTO	DRS IN 12  Addition  Addition
office or nagent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State m familiar with, and accept the obligated of printed name of registered agents of FICERS AND P SASSI, TEDY 3530 MYSTIC POINTE DR.#116 AVENTURA FL 33180 V SASSI, CLAUDIO 3530 MYSTIC POINTE DR., #1	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NOT CTORS DELETE  DELETE	E: Registere- 13. 1.1 T 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T	ITLE IAME TREET TREET TREET TREET TREET	ADDRESS T-ZIP ADDRESS ADDRESS	oration's	nen reinstating)	DATE DEFICERS A	AND DIRECTO Change Change	DRS IN 12  Addition  Addition
office or nagent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State m familiar with, and accept the obligation of the obligation o	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NOT CTORS DELETE  DELETE	authorize orida Star   E: Registere- 13.   1.1    1.2    1.3    1.4    2.1    2.2    2.4    3.1    3.3    3.4    4.1    4.2    1.4    1.5    1.5    1.5    1.6    1.6    1.7    1.7    1.8    1	ITLE LAME TREET TILE TAME TREET	t signature re  ADDRESS F. ZIP  ADDRESS T. ZIP  ADDRESS T. ZIP	oration's	nen reinstating)	DATE DEFICERS A	AND DIRECTO Change Change	DRS IN 12  Addition  Addition
office or nagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	registered agent, or both, in the State m familiar with, and accept the obligation of the obligation o	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NOT CTORS DELETE  DELETE	authorize orida Star  E: Registere- 13. 1.1 T 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 C 4.3 S	ITLE LAME TREET TILE TAME TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	oration's	nen reinstating)	DATE DEFICERS A	AND DIRECTO Change Change	DRS IN 12  Addition  Addition
office or nagent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State m familiar with, and accept the obligation of the obligation o	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NOT CTORS DELETE  DELETE	authorize orida Star  E: Registere- 13. 1.1 T 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 C 4.3 S	ITLE AME TREET TILE AME TREET TILE TREET TREET TILE TREET TREE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	oration's	nen reinstating)	DATE DEFICERS A	AND DIRECTO Change Change	DRS IN 12  Addition  Addition
office or nagent. I all signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State m familiar with, and accept the obligation of the obligation o	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NOT CTORS  DELETE  DELETE	E: Registere- 13. 1.1 T 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T	ITLE AME TREET TILE AME TREET TILE TREET TREET TILE TREET TREE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	oration's	nen reinstating)	DATE DEFICERS A	AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or nagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  TITLE	registered agent, or both, in the State m familiar with, and accept the obligation of the obligation o	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NOT CTORS  DELETE  DELETE	E: Registere- 13. 1.1 T 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T 4.2 ( 4.3 S 4.4 C 5.1 T 5.2 N	ITLE AME TREET TILE AME TREET TILE TILE TILE TILE TILE TILE TILE T	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	oration's	nen reinstating)  ADDITIONS/CHANGES TO C	DATE DEFICERS A	AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or nagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State m familiar with, and accept the obligation of the obligation o	of Florida ations of, \$ int and title if i ND DIREC	a. Such change was Section 607.0505, Fi applicable. (NOT CTORS  DELETE  DELETE	authorize orida Star  E: Registere- 13. 1.1 T 12 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 C 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	ITLE ITLE ITREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	oration's	nen reinstating)	DATE DEFICERS A	AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

- 1 (2014 0) (2018 10 (2018 0) (2014 0) (2014 0) (2014 0) (2014 0) (2014 0) (2014 0) (2014 0) (2014 0) (2014 0)

01-27-1999 90065 045 \*\*\*150.00