

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90093 004 ***150.00

0129299

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 322215

1. Corporation Name
QUIRCH FOODS CO.



Principal Place of Business

7007 NW 37 AVE
~~P O BOX 3366~~
 MIAMI FL 33147
 US

Mailing Address

P O BOX 3366
 P O BOX 3366
 HIALEAH FL 33013
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1967

4. FEI Number

59-1200956

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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 **7007 NW 37 Ave**

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Miami FL

27 City & State

28

24 Zip

33147

25 Country

USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL M ESQ
 370 MINORCA AVENUE
 SUITE 12
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **Miguel M. Gonzalez P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable) **Commonwealth Bldg. # 317**
 83 **717 Ponce de Leon Blvd**
 84 City **Coral Gables** 85 Zip Code **FL 33134**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
T	QUIRCH, IGNACIO J	PO BOX 3366 N/A	HIALEAH FL	<input type="checkbox"/>
PD	QUIRCH JR, GUILLERMO	7007 NW 37 AVE.	MIAMI FL	<input type="checkbox"/>
S	QUIRCH III, GUILLERMO	7007 NW 37 AVE.	MIAMI FL	<input type="checkbox"/>
AS	QUIRCH, MAURICIO R	PO BOX 3366 N/A	HIALEAH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/8/99 (305) 691-35-35

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)