

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 661470 (5)

1. Corporation Name

QUICK INTERNATIONAL SERVICE, INC.



Principal Place of Business

**7100 NW 50 ST.
MIAMI FL 33166**

Mailing Address

**7100 NW 50 ST.
MIAMI FL 33166**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PEREZ, JAVIER
10105 S.W. 114 CT.
MIAMI FL 33176**

3. Date Incorporated or Qualified

03/27/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1988762

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 has liability for intangible tax under s. 199.032, Florida Statutes.

Yes No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, Florida Statutes, the above named corporation submits the 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 607.0602, Florida Statutes.

SIGNATURE

Name and Address of Current Registered Agent

Name and Address of New Registered Agent

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	PEREZ, JAVIER	10105 S.W. 114 CT.	MIAMI FL	<input type="checkbox"/>
VST	PEREZ, CARMEN C.	10105 S.W. 114 CT.	MIAMI FL	<input type="checkbox"/>
D	PEREZ, CARMEN C.	10105 S.W. 114 CT.	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation. I am not a resident of this state. My report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or added in attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

(305) 593-0845

CR2E034 (12/95)