


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 21, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90488 021 \*\*\*150.00

**DOCUMENT # P0100062502**

1. Entity Name  
**QUIMICOLAS USA, CORP.**



Principal Place of Business  
 2740 SW 32ND AVE.  
 CORAL GABLES FL 33133

Mailing Address  
 2740 SW 32ND AVE.  
 CORAL GABLES FL 33133

2. Principal Place of Business  
 3082 Grand Avenue  
 Suite, Apt. #, etc.  
 Coconut Grove  
 City & State  
 FL

3. Mailing Address  
 3082 Grand Avenue  
 Suite, Apt. #, etc.  
 Coconut Grove  
 City & State  
 FL


Zip  
 33133 Country  
 USA

Zip  
 33133 Country  
 USA

4. FEI Number **65-1119506** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

MOORE CR2E034 (11/03)



6. Name and Address of Current Registered Agent  
**MAZZA-MARTINEZ, TANIA A**  
**782 NW 42ND AVE., SUITE 637**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent  
 Name **Gloria Villavicencio**  
 Street Address (P.O. Box Number is Not Acceptable)  
**555 NE 15 St.**  
**Apt. 19B**  
 City **miami** FL Zip Code **33132**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gloria Villavicencio* DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, ROBERTO 2740 SW 32ND AVE. CORAL GABLES FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, CLAUDIA G 2740 SW 32ND AVE. CORAL GABLES FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, CATHERINE 2740 SW 32ND AVE. CORAL GABLES FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gloria Villavicencio</b> <b>555 NE 15 St. Apt. 19B</b> <b>miami FL 33132</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Leonado Giusti</b> <b>555 NE 15 St. Apt 19B</b> <b>miami, FL 33132</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michele Carniel</b> <b>3082 Grand Avenue</b> <b>Coconut Grove FL 33132</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria Villavicencio* DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
66423399

Quimicolas usa, Corp.  
3082 Grand avenue  
Coconut Grove, Fl 33133.

Subject: Quimicolas usa, Corp. (FEI Number: 65-1119506)  
Reference Number: P01000062502.

TITLE OF EACH OFFICER/DIRECTOR OF QUIMICOLAS USA, CORP.

- 
- 1- Hernandez, Roberto (Title: President)  
2740 SW 32nd Ave  
Coral Gables FL 33133.
- 2- Hernandez, Claudia G (Title: Director)  
2740 SW 32nd Ave  
Coral Gables FL 33133.
- 3- Villavicencio, Gloria (Title: Vice president)  
555 NE 15th apt # 19-B  
Miami FL 33132.
- 4- Giunti, Leonardo (Title: Treasurer)  
555 NE 15th apt # 19-B  
Miami FL 33132.
- 
- ~~5- Carniel, Michele (Title: Director)~~  
~~3082 Grand Ave~~  
~~Coconut Grove FL 33133.~~