FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000039844 (4)**

1. Corporation Name
Q.B.C., INC.

Principal Place of Business
995 N W 165TH AVENUE
HOLLYWOOD FL 33028
US

Mailing Address
995 N W 165TH AVENUE
HOLLYWOOD FL 33028
US

3. Date Incorporated or Qualified: 05/28/1993
3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0418671 — 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

2. Principal Place of Business
21 4815NW-79AV
22 Suite, Apt. #, etc. # 14
23 City & State MIAMI-FL
24 Zip 33166
25 Country DADE

2a. Mailing Address
26 4815 NW-79AV
27 Suite, Apt. #, etc. # 14
28 City & State MIAMI-FL
29 Zip 33166
30 Country DADE

9. Name and Address of Current Registered Agent
DAVILA, SHANON
175 FOUNTAINBLEAU BLVD
STE 1-B
MIAMI FL 33172

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 607.0502 and 607.0505, 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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	MELENDEZ, ROBERTO
STREET ADDRESS	311 S.W. 113TH WAY
CITY-ST-ZIP	PEMBROKE PINES FL
☐ DELETE	
TITLE	VP
NAME	MELENDEZ-HERNANDEZ , ROBERTO M
STREET ADDRESS	CARRERA 51, #93-23
CITY-ST-ZIP	BARRANQUILLA COLOMBIA CO
☒ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report (voluntarily furnished and does not apply, 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 hereunder, or on an attached list with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Digital Signature #

CR2E034 (12/95)