2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 2002 8:00 am & Secretary of State P98000037944 DOCUMENT # 1. Entity Name QUEZADA INTERNATIONAL CORP. Principal Place of Business Mailing Address C/O LARREA & ORTEGA C/O LARREA & ORTEGA 2300 CORAL WAY #111 2300 CORAL WAY #111 MIAMI FL 33145 MIAMI FL 33145 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1297458 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DADE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE 103 **MIAMI FL 33145** City Zip Code 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change TITLE ☐ Delete TITLE LOAYZA ENCARROCION, NORA NAME NAME STREET ADDRESS C/O 2300 CORAL WAY #111 STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME WELMER, NEIRA Q NAME C/O 2300 CORAL WAY #111 STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITHE WELMER, LOAYZA Q ---NAME NAME C/O 2300 CORAL WAY #111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 VΡ ☐ Change □ Addition ☐ Delete TITI F TITLE ÷ LOAYZA, EDISON Q NAME NAME C/O 2300 CORAL WAY #111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3 **MIAMI FL 33145 ASVP** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOSCOSO, MARION NAME STREET ADDRESS 2300 CORAL WAY 111 STREET ADDRESS **MIAMI FL 33145** CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied ental report is stree 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 11 or Block 12 if