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FILED

Apr 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 322215 (5)  
1. Corporation Name  
QUIRCH FOODS CO.

Principal Place of Business

7007 NW 37 AVENUE  
P O BOX 3366  
HIALEAH FL 33013

Mailing Address

7007 NW 37 AVENUE  
P O BOX 3366  
HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1967

4. FEI Number

59-1200956

Applied For

Not Applicable

6. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 7007 NW 37 Ave  
Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33147

Country

25 Miami-Dade

2a. Mailing Address

26 P.O. Box 3366  
Suite, Apt. #, etc.

27

City & State

28 Hialeah FL

Zip

29 33013

Country

30 Miami-Dade

9. Name and Address of Current Registered Agent

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

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 607.1508, 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

TITLE ☐ DELETE

NAME QUIRCH, IGNACIO J  
STREET ADDRESS PO BOX 3366 N/A  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME PD QUIRCH JR, GUILLERMO  
STREET ADDRESS 7007 NW 37 AVE.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME S QUIRCH III, GUILLERMO  
STREET ADDRESS 7007 NW 37 AVE.  
CITY-ST-ZIP MIAMI FL

TITLE ☒ DELETE

NAME VD QUIRCH, EDUARDO  
STREET ADDRESS 7007 NW 37 AVE.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME AS QUIRCH, MAURICIO R  
STREET ADDRESS PO BOX 3366 N/A  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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 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 if changed, or on an attachment with an address.

SIGNATURE:

4/3/98 (305) 691-3535

CR2E034 (10/97)