

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000340 (8)

1. Corporation Name

QUAY CORP.



Principal Place of Business

Mailing Address

CUTLASS BUILDING, WICKHAM'S CAY
ROAD TOWN, TORTOLA
BRITISH VIRGIN ISLANDS

CUTLASS BUILDING, WICKHAM'S CAY
ROAD TOWN, TORTOLA
BRITISH VIRGIN ISLANDS

2. Principal Place of Business

2a. Mailing Address

21 Omar Hodge Bldg., Wickham's Cay

26 c/o Ernesto Sanchez P.A.

22 Road Town, Tortola

27 814 Ponce de Leon Blvd. (505)

City & State

City & State

23 Zip Country British Virgin Islands

28 Coral Gables, FL

24 33134

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

4. FEI Number

65-0247341

Applied For

Not Applicable

6. Election Campaign Financing

Trust Fund Contribution

Yes

No

\$8.75 Additional Fee Required

\$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

SANCHEZ, ERNESTO PA
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES FL 33134

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 the fee paid.

(Print) Registered Agent Signature, typed or printed name and the fee paid.

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	SERVCO LIMITED	ARIAS, FABREGA/PO BOX 985, WICKHAM'S CAY	ROAD TOWN, B.V.I.	<input type="checkbox"/>
P	MALONE, JANE	CUTLASS BUILDING, WICKHAM'S CAY	ROAD TOWN, B.V.I.	<input type="checkbox"/>
S	RESTREPO, ROSA	CUTLASS BUILDING, WICKHAM'S CAY	ROAD TOWN, B.V.I.	<input type="checkbox"/>
AFFY	GASTILLA, MANUEL	650 OCEAN DRIVE, 40	KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. TITLE	3. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY - ST - ZIP	<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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

(305) 441-2040

Date

Daytime Phone #

CR2E034 (12/95)