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FILED
May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000340 (8)

1. Corporation Name
QUAY CORP.

Principal Place of Business

OMAR HODGE BLDG. WICKHAM'S CAY
ROAD TOWN TO
US-

Mailing Address

C/O ERNESTO SANCHEZ. P.A.
814 PONCE DE LEON BLVD. SUITE #505
CORAL GABLES FL 33134-3035
US

3. Date Incorporated or Qualified
01/23/1995

3a. Date of Last Report
06/05/1996

2. Principal Place of Business

21 Arias Fabrega
Omar Hodge Bldg

Suite, Apt. #, etc.

22 Wickham's Cay

City & State

23 Road Town, Tortola

Zip

24 Country

25 BVI

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0247341

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

9. Name and Address of Current Registered Agent

SANCHEZ, ERNESTO PA
814 PONCE DE LEON BLVD.
SUITE 505
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 D ☐ DELETE
NAME SERVO LIMITED
STREET ADDRESS ARIAS, FABREGA/PO BOX 985, WICKHAM'S CAY
CITY - ST - ZIP ROAD TOWN, B.V.I.

TITLE P ☐ DELETE
NAME JANE MALONE
STREET ADDRESS OMAR HODGE BUILDING, WICKHAM'S CAY
CITY - ST - ZIP ROAD TOWN TO

TITLE S ☒ DELETE
NAME ~~ISANEE, ANGE~~
STREET ADDRESS OMAR HODGE BUILDING, WICKHAM'S CAY
CITY - ST - ZIP ROAD TOWN TO

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME MACTAVICUS, ANNETTE
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annet Le Mactavicus

3/13/97

(305) 441-2040

Date

Daytime Phone #

CR2E034 (9/96)