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 # G57735 (4)

1. Corporation Name
QUIGUI CORP.

Principal Place of Business
780 N. W. LEJEUNE RD. 403
MIAMI, FL 33126

Mailing Address
780 N. W. LEJEUNE RD. 403
MIAMI, FL 33126

2. Principal Place of Business	2a. Mailing Address
21 244 S.W. 107th Ave.'	26 244 S.W. 107th Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28 Miami, Florida
Zip 24 33174 / Country 25 Dade	Zip 29 33174 / Country 30 Dade

3. Date Incorporated or Qualified: 08/31/1983
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2334469 ☐ 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

IZAGUIRRE, ALFREDO
780 N.W. LEJEUNE RD. STE 403
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: MARIA A. MUNERO
82 Street Address (P.O. Box Number is Not Acceptable): 244 S.W. 107th Avenue
83
84 City: Miami FL 85 Zip Code: 33174

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 X Maria A. Munero (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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S IZAQUIRE, MARIA 780 N.W. LEJEUNE RD. MIAMI FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S MARIA A. MUNERO 244 S.W. 107th Avenue Miami, Florida 33174 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P IZAQUIRE, ALFRED 780 N.W. LEJEUNE RD. MIAMI FL ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P MARIA A. MUNERO 244 S.W. 107th Avenue Miami, Florida 33174 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: X (signature) MARIA A. MUNERO PRES. 5/13/96 (305) 4428093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)