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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

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DOCUMENT # **H22553** 1, Corporation Name

Q & E ENTERPRISES, INC.

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Principal Place of Business Mailing Address								
61 N.W. 132ND PLACE MIAMI FL 33182		MIAMI FL 33182			DO AIGT MOTTE IN TUN	0.004.05		
US ~		-08	US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					09/20/1984			
Principal Place of Business 2a. Mailing Address					4, FEI Number		Applied For	
21	26				59-2523881		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.0	0 May Be	
23	28				Trust Fund Contribution		ed to Fees	
Zip	Country Zip Co		Country	,	8. This corporation owes the current year Intangible			
24	25	29 30	<u> </u>		Personal Property Tax.	☐Yes	□No	
	9. Name and Address	s of Current Registered Agent			10. Name and Address of New Registered	l Agent		
			81	Name		•	\	
EDUARDO, GARCIA			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
61 NW 132 PL			12	- Suber Add				
MIAMI FL 33182			83					
			84	City	FI	85 Zi	p Code	
_11. Pursuant.	to the provisions of Section	ns 607 0502 and 607 1508. Florida Statutes. t	he abovi	e-named.cor	poration submits this statement for the purpose of	of changing	its_registered	
office or r	renistered agent or both is	n the State of Florida. Such change was authout the obligations of, Section 607.0505, Florida	rized by	the comorat	ion's board of directors. I hereby accept the appoint	ointment as	registered	
SIGNATURE	State of the state	f registered agent and title if applicable. (NOTE: Reg	observed Aggs	nt algorithms reduce	red when reinstating) DATE			
12		FICERS AND DIRECTORS	13.	nt signotoro tequi	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
12. TITLE	DP	☐ DELETE	1.1 TITLE		ASSITIONOS INTROCES TO STATE OF THE STATE OF	Chang		
NAME	GARCIA, EDUARDO		1.2 NAME	İ				
STREET ADDRESS	61 NW 132 PL			T ADDRESS			Į	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S					
TITLE	I IVIN SVII I C	☐ DELETE	2.1 TITLE	1-21		Chang	e Addition	
NAME			2.2 NAME				_	
)				T ADDRESS				
STREET ADDRESS		1	2.4 CITY-5	-			ì	
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	SI-ZIP		Chang	e Addition	
TITLE			32 NAME					
NAME				TADDDECC			1	
STREET ADDRESS	}	1		TADDRESS				
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NAME		1		TADDRESS			Ì	
STREET ADDRESS		i					ļ	
CITY-ST-ZIP		- Doubte	5.4 CITY-S 6.1 TITLE	1-ZIP		Char	n Addition	
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NAME	}	1	6.2 NAME				}	
STREET ADDRESS		`		TADDRESS			ļ	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			ļ	

14. Thereby 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, with all other like empowered.

SIGNATURE: