

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 # **K34645** (7)

1. Corporation Name

DUQTER CORP.



Principal Place of Business

**13042 SW 133RD CT
BOX 7
MIAMI FL 33186
US**

Mailing Address

**13042 SW 133RD CT
BOX 7
MIAMI FL 33186
US**

3. Date Incorporated or Qualified
09/20/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **13041 SW 133RD CT.**

2a. Mailing Address

26 **13041 SW 133RD CT.**

Suite, Apt. #, etc.

22 **Box 7**

Suite, Apt. #, etc.

27 **Box 7**

City & State

23 **MIAMI, FLORIDA**

City & State

28 **MIAMI, FLORIDA**

Zip
24 **33186**

Country

25 **U.S.**

Zip

29 **33186**

Country

30 **U.S.**

4. FEI Number

65-0198472

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

**DUQUE-ESTRADA, ALVARO J.
14328 SW 103 TERR.
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **DUQUE-ESTRADA, ALVARO J.**
82 Street Address (P.O. Box Number is Not Acceptable)
15425 S.W. 114 STREET
83
84 City **MIAMI** FL 85 Zip Code **33196**

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DUQUE-ESTRADA, ALVARO J.	
STREET ADDRESS	14328 SW 103 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUQUE-ESTRADA, PATRICIA	
STREET ADDRESS	14328 SW 103 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15425 S.W. 114 STREET
1.4 CITY-ST-ZIP	MIAMI, FL 33196
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15425 S.W. 114 STREET
2.4 CITY-ST-ZIP	MIAMI, FL 33196
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVARO J. DUQUE-ESTRADA

4/15/96

(305)

255-2221

Daytime Phone

CR2E034 (12/95)