SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

% MARIA B. RUIZ 13405 N.E. 2ND CT.

MIAMI FL 33161

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

QUISQUEYA PLAZA CORPORATION

Mailing Address % Maria B. Ruiz

13405 N.E. 2ND CT.

2a, Mailing Address

MIAMI FL 33161

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DOCUMENT # L11438

(3)

FILED Jul 29 1998 8:00am Secretary of State



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

08/23/1989

65-0142190

4. FEI Number

22	Suite, Apr. #, etg.				27]					Certificate of Status Desired	<u></u>		ee Require		
City & Stat	y & State			City & State					6. Election Campaign Financing \$5.00 May Be						
23				28						Trust Fund Contribution	<u> </u>		ded to Fe		
Zip		Country Zip			[Country			8. This corporation owes or has paid the current year Intangible						
24		25 29 30							Personal Property Tax due June 30. Yes No						
9, Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent								
RUIZ, PEDRO							81 Name							ļ	
715 NE 152 STREET							82 Street Address (P.O. Box Number is Not Acceptable)								
N MIAMI FL 33162							33								
														1	
								84 City 85 Zip Code							
<u> </u>								FL Is za 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 s	agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.														
SIGNATURE															
Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE															
12.		CERS AND D	IRECTORS		13.			A	ADDITIONS/CHANGES TO OFFIC	ERS ANI	-				
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CITY-ST-ZIP	MIAM FL							Р							
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NAME	RUIZ, PEI					2.2 NAME									
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CITY-S1-ZIP	NORTH MIAMI FL 24Cm											_			
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NAME	:					5.2 NAME			***150.00						
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CiTY-ST-ZIP					5.4 CITY-ST	r-ZIF	ZIP T				-				
TITLE	C Peters												Change Addition		
NAME													14 5	14	
STREET ADDRESS									EET ADDRESS // /						
CITY-ST-ZIP	artifu that the	information eve	noticed with this	filing does n	ot qualify for th	6.4 CITY-ST	TY-ST-ZIP ption stated in section 119.07(3)(I), Florida Statutes. I further certify that the information						<u> </u>		
indicated of an officer of	on this annua or dire ctor of	at report or sup the corporation if changed, or	plemental ann n or the receiv	ual report is t er or trustee	true and accur empowered to	ate and that execute this	my s re	y signature eport as req	shall h quired t	have the same legal effect as if make the same legal effect as if make by Chapter 607, Florida Statutes;	and that r	oath; ny na	that I am me appear	s	

11257 SW 155 LANE MIAMI, FL 33157 PH: (305) 267-1772 FAX: (305) 267-0788 My

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

July 16, 1998

To whom it may concern:

As per my conversation with the Division of Corporations I'm enclosing a check for the amount of \$150.00 for the Annual Report fee. As I mentioned we did not receive the 1ST NOTICE to file for our Annual Report for the corporation therefore we are late in sending the payment. We apologize for the inconvenience and we are grateful for your assistance in this matter.

Thank you for you're cooperation and we again apologize for this unfortunate delay.

Sincerely,

Pedro Ruiz