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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L40814**

1. Corporation Name

QUEBEC FLORIDA INVESTMENT, INC.

Principal Place of Business

C/O GILLES QUINTIN
2852 DEWEY STREET
HOLLYWOOD FL 33020

Mailing Address

C/O GILLES QUINTIN
2852 DEWEY STREET
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1990

4. FEI Number

65-0162672

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24.

25.

2a. Mailing Address

26.

Suite, Apt. #, etc.

27.

City & State

28.

Zip

Country

29.

30.

9. Name and Address of Current Registered Agent

LAMOTHE, DENECE
721 S.E. 17TH ST
FORT LAUDERDALE FL 33316

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

I, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ☐ Change ☐ Addition

14. NAME ☐ DELETE

15. STREET ADDRESS

16. CITY-ST-ZIP

17. ACT ☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. ACT ☐ DELETE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. ACT ☐ DELETE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. ACT ☐ DELETE

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. ACT ☐ DELETE

34. NAME

35. STREET ADDRESS

36. CITY-ST-ZIP

37. ACT ☐ DELETE

38. NAME

39. STREET ADDRESS

40. CITY-ST-ZIP

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-ST-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-ST-ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY-ST-ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY-ST-ZIP

I 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 supplementer 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.