

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000044697 (9)

1. Corporation Name

QUISQUEYA SERVICES & TRAVEL, INC.



Principal Place of Business

3974 CURRYFORD RD  
ORLANDO FL 32806

Mailing Address

3974 CURRYFORD RD  
ORLANDO FL 32806

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FET Number

59-3189652

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

10. Name and Address of New Registered Agent

SANTANA, ORQUIDEA A  
4419 S. SEMORAN BLVD  
APT #7  
ORLANDO FL 32822

81 Name

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

83

84 City

FL

85 Zip 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and that of applicant)

(Noted: Registered Agent's Signature is required when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SANTANA, ORQUIDEA	
STREET ADDRESS	4419 S. SEMORAN BLVD, APT #7	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	T	<input type="checkbox"/> DELETE
NAME	QUEZADA, CECILIA	
STREET ADDRESS	4419 S. SEMORAN BLVD, APT #7	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUEZADA, ROSAURA	
STREET ADDRESS	4419 S. SEMORAN BLVD, APT #7	
CITY-ST-ZIP	ORLANDO FL 32822	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANTANA, ORQUIDEA	
1.3 STREET ADDRESS	4137 BIBB LANE	
1.4 CITY-ST-ZIP	ORLANDO, FLA. 32817	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	QUEZADA, CELIA	
2.3 STREET ADDRESS	4137 BIBB LANE	
2.4 CITY-ST-ZIP	ORLANDO FL. 32817	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROSAURA, QUEZADA	
3.3 STREET ADDRESS	4137 BIBB LANE	
3.4 CITY-ST-ZIP	ORLANDO, FLA. 32817	
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:

*Orquidea Santana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

Date

Signature Printed Name

CR2E034 (12/95)