. E NOW: FILING FEE AFTER MAY 1 IS \$550.00 Amend

PROFIT CORPORATION ANRUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary State

DIVISION OF CORPORATIONS

## Sep 17 1997 8:00am Secretary of State

407-898-2899

	1997	DIVISION OF (	CORPORATIONS	
DOCUMENT # P93000044697				
QUISQUEYA SERVICES & TRAVEL INC.				
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				~~,
Principal Place of Business Mailing Address				
3974 Curry Ford Road 3974 Curry Ford Road Suite # 2				
	# 2 do, FL. 32806	Suite # 2 Orlando, FL	22206	
	-		. 32606	3. Date Incorporated or Qualified 3a. Date of Last Report 06/21/93
	Place of Business	2a. Mailing Address		4. FEI Number Applied Foi
Suite, Apt.	#. etc	Suite, Apt #, etc.		59-3189652   Not Applicable   \$8.75 Additional
22	,	27		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	* ***	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	9 Name and Address of Curren	29 Begistered Agent	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name				
Orquidea Santana Zoila Marte				Zoila Marte
	Curry Ford Road	,	82 Street	Address (P.O. Box Number is Not Acceptable) 3974 Curry Ford Road
Suite # 2			83	Suite # 2
Oralndo, FL. 32806				RE Zin Code
				Orlando   FL   32806
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 largeliar all and accept the obligations of, Section 607.0505, Florida Statutes.				
agent 1 am tambiar all Vand account the obligations of, Section 607.0505, Florida Statutes  SIGNATURE ZOI1a Marte, Pres., Reg.				
SIGNATURE	Signature lybed or printed name of registered ager	ZOIIS MAT  NOT  NOT	te, Pres.  E. Rogistered Agant signature	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President	X DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  President  Zoila Marte  3974 Curry Ford Road, Suite # 2  Orlando, FL. 32806
NAME	Orquidea Santan	a	1.2 NAME	Zoila Marte
STREET ADDRESS			1.3 STREET ADDRESS	3974 Curry Ford Road, Suite # 2   없   Orlando, FL. 32806
CITY-ST-ZIP TITLE		DELETE	1.4 CITY - ST - ZIP 2.1 TiTLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP	Change Addition
NAME		<u> </u>	4 2 NAME	The state of the s
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TO LE	☐ Change ☐ Addition
NAME			5.2 NAME	/ alal?
STREET ADDRESS			5 3 STREET ADDRESS	\(\rangle\) \(\rangle\)
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP G.1 TITLE	Addition
NAME			6.2 NAME	5000022987536 Addition -09/22/9701003001
STREET ADDRESS			6.3 STREET ADDRESS	1 -09/22/9701003001   ***81.25
CITY-ST-ZIP			6.4 CHTY - ST - ZIP	
14. I do here	by certify that the information supplied	with this filing does not quali	fy for the exemption s	tated 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.				

TSOULU Zoila Marte, President