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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000053684 (5)

D.Q.S. INC.

FILED Jun 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1231 SW 74TH AVENUE 1231 SW 74TH AVENUE MIAM! FL 33144 MIAMI FL 33144 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/27/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0431814 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NICHOLAS, RUBEN 4811 S.W. 5 TERRACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33134** 83 84 City 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 Horida. 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 pooling came of registerest agest and bit of applicable (NOTE Registered Agent signature required whon reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change TITLE DELETE 1.1 TITLE Addition PRIETO, FERNANDO T 1.2 NAME NAME 1231 SW 74 AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NICOLAS, RUBEN H NAME 2.2 NAME 1231 SW 74 AVENUE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33144** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST- ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information applied with this fill indicated on this annual report or supplemental annual inplion stated in Section 119.07(3)(i), Florida Statules. I further certify that the information that my signature shall have the same legal effect as if made under oath, that I am an is report as required by Chapter 607, Florida Statules; and that my name appears in officer or director of the corpora Block 12 or Block 13 it change