

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gandra E. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 3:30

DOCUMENT # **P94000016590 (9)**

1. Corporation Name

**THRESHER CORP.**

Principal Place of Business

15581 CARRIAGE COURT  
DAVE FL 33331

Mailing Address

15581 CARRIAGE COURT  
DAVE FL 33331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1994

3a. Date of Last Report

4. FEI Number

65-0478431

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

2. Principal Place of Business

21 18351 Pines Blvd

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Pembroke Pines FL

27 City & State

28

24 Zip

33029

25 Country

25 US

29 Zip

29

30 Country

30

9. Name and Address of Current Registered Agent

QUIROS, JULIAN  
15581 CARRIAGE COURT  
DAVE FL 33331

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME QUIROS, JULIAN  
STREET ADDRESS 15581 CARRIAGE COURT  
CITY-ST-ZIP DAVE FL 33331

TITLE S  
NAME QUIROS, SHAWNE  
STREET ADDRESS 15581 CARRIAGE COURT  
CITY-ST-ZIP DAVE FL 33331

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P  Change  Addition  
1.2 NAME Quiros, Julian  
1.3 STREET ADDRESS 18351 Pines Blvd  
1.4 CITY-ST-ZIP Pembroke Pines FL 33029

2.1 TITLE  Change  Addition  
2.2 NAME Delete info. no longer  
2.3 STREET ADDRESS serving in this capacity  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 110.07(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 or 14 or 15, or on an attachment with an address.

SIGNATURE

*Julian Quiros*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Julian Quiros

4/7/95

(305) 434-4812