

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.0

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:45

DOCUMENT # P94000028271 (2)

1. Corporation Name

QUISQUELLA AMERICAN CLEANER CORPORATION

Principal Place of Business

12558 PINES BOULEVARD  
PEMBROKE PINES FL 33027

Mailing Address

12558 PINES BOULEVARD  
PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0502665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

QUESADA, PABLO  
12558 PINES BOULEVARD  
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81

ne

82

not Address (P.O. Box Number is Not Acceptable)

83

84

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 fee required when resigning)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS     | CITY - ST - ZIP  |
|-------|----------------|--------------------|------------------|
| D     | QUEZADA, PABLO | 9341 DUNHILL DRIVE | MIRAMAR FL 33023 |
| D     | QUEZADA, CRUZ  | 9341 DUNHILL DRIVE | MIRAMAR FL 33023 |
|       |                |                    |                  |
|       |                |                    |                  |
|       |                |                    |                  |
|       |                |                    |                  |
|       |                |                    |                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY - ST - ZIP | Change                   | Addition                 |
|----------|---------|-------------------|--------------------|--------------------------|--------------------------|
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and done so fully 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 correct 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 file 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Thruout