

FILE NOW: FILING FEE AFTER MAY 1 IS \$200

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE

Sandra B. Mortha
Secretary of State

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



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
04/11/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0502665

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

QUESADA, PABLO
12558 PINES BOULEVARD
PEMBROKE PINES FL 33027

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 607.06(2) and 607.06(3), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent must be a person of legal age and

at least 18 years old. If signed by a corporation, the signature must be

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME QUEZADA, PABLO
STREET ADDRESS 9341 DUNHILL DRIVE
CITY, ST, ZIP MIRAMAR FL 33023

TITLE ☐ DELETE

NAME QUEZADA, CRUZ
STREET ADDRESS 9341 DUNHILL DRIVE
CITY, ST, ZIP MIRAMAR FL 33023

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and 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 registered or bonded employee of the corporation; and that I am a resident of the State of Florida, or a corporation with an address in the State of Florida.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)