FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # **P94000028271**

QUISQUELLA AMERICAN CLEANER CORPORATION

Principal Place of Business	Mailing Address	
12558 PINES BOULEVARD PEMBROKE PINES FL 33027	12558 PINES BOULEVARD PEMBROKE PINES FL 33027-1713	٠.

FILED Mar 06 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

					04/11/1994	/01/1996		
2. Principal (flace of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26	· · · · · · · · · · · · · · · · · · ·		65-0502665			ot Applicable
Suite, Apt	# _c etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27			Dr. Soltingue di Didita Dagina		Fee R	equired
City & State					6. Election Campaign Financing		\$5.00 May Be	
23 Zus	700 Country 700				Trust Fund Contribution	Ц		to Fees
Ζιρ 24	Country	Zip	Coun	try	8. This corporation has liability f			. 199.032,
[24]	25 8. Name and Address of Curre	29	30		Florida Statutes 10. Name and Address of New		No	
ΛII	ESADA, PABLO	in registered Agent		Name	10. Name Bilo Address of New	Registered A	rgent	
12558 PINES BOULEVARD								
PEMBROKE PINES FL 33027			E	82 Street Address (P.O. Box Number is Not Acceptable)				
FCI	MDRUKE FINES FL 3302/		-	13		***************************************		
				/ *				
			[8	4 City			85 Zip	Code
11 Purqueet	to the previsions of Sections 607.05	02 and 607 1508 Florida State	utoe the che	ua namad sar	poration submits this statement for th	FL		
OTHER OF	reastereo aouni. O' dom in the Stat	e of Florida. Such change was	s authorizad	hy the cornora	poration submits this statement for the afternoon submits the statement for the actions. I hereby act	a purpose of Sept the appo	changing (bintment as	registered registered
agent 1 a	au taum at m ilit and accept the oblic	gations of Section 607.9505, I	Florida Statul	les.	· ·	0/2	10-	
SIGNATURE	X 2000 Queso	# 1/00 + FAB1 and title if applicable (NC		pezada	* ired when reinstating)	-ব্/ও	17/	
12.	The state of the s	ND DIRECTORS .	13.	deut sibisature tedo	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	2S IN 12
TILLE	D	DELETE	1.1 TITL	E	Nobilional Intage 10 of	IOLITO AITO	Change	Addition
NAME	QUEZADA, PABLO		1.2 NAM					
STREET ADDINESS	9341 DUNHILL DRIVE			ET ADORESS	•			
CiTy - S1 - 201	MIRAMAR FL 33023			-ST-ZIP				
7111.6	D	DELETE	2 1 1110		***************************************		Change	Addition
NAME	QUEZADA, CRUZ		2 2 NAM			'	L.	
STREET ADDRESS	9341 DUNHILL DRIVE		ı	ET ADORESS	\$			
CITY - ST - ZIP	MIRAMAR FL 33023			(-ST-ZIP				ŀ
THEF		☐ DELETE	3.1 TITU				Change	Addition
NAMÉ			3 2 NAM			'		
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CHTY+ST-ZIP	İ			(-ST-ZIP				
10:1		☐ DELETE	4 1 TITL				Change	Addition
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STREET ADDRESS			43 STRE	ET ADDRESS				
CITY - \$1 - 200				-ST-ZIP				
TOLE		DELETE	5 1 TITLI				Change	Addition
NAME			52 NAM	E			-	
STREET APORESS			5 3 STRE	ET ADDRESS				
CITY-SI-ZIF			5.4 CITY	-ST-ZIP				ľ
MCF		DELETE	61 TITLI				Change	Addition
NAMI			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET ADDRESS				,
CITY-S1-7/9			6.4 CITY	-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it disated 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.

SIGNATURE:

Abborage

Abborage

Quezada 3/3/87 (954)450-429/

SIGNATURE: