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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000028271 (2) DOCUMENT #

QUISQUELLA AMERICAN CLEANER CORPORATION

## **FILED** Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									) 18119 HUN 181	JE3 1191 1881
12558 PINES BOULEVARD 12558 PINES BOULEVARD										
PEMBROKE P	INES FL 33027	PEMBROKE	PEMBROKE PINES FL 33027				DO NOT WRITE IN THIS SPACE			
							Date Incorporated or Qualified     04/11/1994			
6 Principal Pl	ace of Business	2a, Mailing A	ddrose				4, FEI Number	··· ···	I IAr	oplied For
21 Filliopai Fi	ace of Dashiess	—¬	26				65-0502665		<del> </del>	ot Applicable
Suite, Apt. (	H. etc		Suite, Apt. #, etc.						\$8.75	
22		27	27				5. Certificate of Status Desired	LJ	Fee Re	equired
City & State	)	City & Sta	City & State				6. Election Campaign Financing	_	\$5.00	May Be
23		28	<del>+</del>				Trust Fund Contribution		Added	
Zip	Country	Ζιρ					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
24	25 29 30 9. Name and Address of Current Registered Agent			10	10. Name and Address of New Registered Agent				110	
GII	ESADA, PABLO			8	п	Name				,
125				32	Stroot Addre	dress (P.O. Box Number is Not Acceptable)				
	MBROKE PINES FL 33027				<u>"</u>				Street Addit	
				8	33					
				8	34	City			<b>85</b> Zip (	Code
	- 1 C - N CO7 OF	00 007 1500 5	lavida Otatutas	thoobe		named save	oration automite this statement for the	FL.	changing if	te registered
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.										registered
SIGNATURE    Stormule, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating)    DATE   DATE										
Signature, typed or printed name of registered again and this if app.  12. OFFICERS AND DIRECTOR			INOIE	13.	нунп	it zignatore redoire	ADDITIONS/CHANGES TO OFF		DIRECTOF	1S IN 12
TITLE	U		DELETE	1.1 TITL	E				Change	Addition
NAME	QUEZADA, PABLO		1.5		1.2 NAME					;
STREET ADDRESS	9341 DUNHILL DRIVE		1.3			ADDRESS				i
CITY-ST-ZIP	MIRAMAR FL 33023		1 ocieta	1.4 CITY		- Z(P				
TITLE	D Quezada, Cruz	L	DELETE	2.1 TITL					L Change	☐ Addition
NAME	9341 DUNHILL DRIVE				2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	MIRAMAR FL 33023			2.3 SIN						
CITY-ST-ZIP TITLE			DELETE	3.1 TITL		1-211			Change	Addition
NAME				3.2 NAM						
STREET ADDRESS				3 3 STA	EET A	ADDRESS				
CITY-ST-ZIP				3 4. CIT	Y-ST	T - ZIP			<del></del>	
TITLE		T	DELETE	4.1 TOL	E				Change	☐ Addition
NAME				4 2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP		Г	DELETE	4.4 CITY 5.1 TITL		- ZIP			Change	Addition
TITLE NAME		<b>L.</b> .	J DECEMB	5.2 NAM					4.701.90	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CITY						
TITLE			DELETE	6.1 TITL					Change	Addition
NAME				6.2 NAM	<b>NE</b>					
STREET ADDRESS				6.3 STR	EET A	ADDRESS				
CITY-ST-ZIP				6.4 CITY					<del></del>	
44 I bereby o	ertify that the information supplied	with this filing does	not qualify for	the exer	noti	ion stated in l	Section 119.07(3)(i), Florida Statutes.	I further ce	rury 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 if changed, or on an attachment with an address.