PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90064 024 ***150.00

i, corporation	MENT # PQ DWARE CORP.	940000	062260								
Principal Place	e of Business		Mailing Address					(DORANGO 164 10434 BEDET COME) DO	111 30 111 83 1		8
1501 SW 122ND AVE #3			1501 SW 122ND AVE #3								
MIAMI FL 33184			MIAMI FL 33184					DO NOT WRI	TC IN TH	IC CBACE	
							-	Do NOT WAR Date ir corporated or Qualifed	I C IIN I C	SFACE	
								08/23/1994			
2. Principa Place of Business			2a. Mailing Address				-+	4. FEI Number		Ap	plied For
21			26					65-05 19453		No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.				5. Certificate of Status Desired		\$8.75	
22			27							Fee Re	
City & S:at	e		City & State					6. Election Campaign Financing		\$5.00	
23			28		`a			Trust Fund Contribution		Added t	c Fees
Zíp	Count	ry	Zip	_	Country			 This corporation owes the curl Personal Property Tax. 	ent year	Intangible ☐ Yes	□No
24	25 9. Name and Add	are of Current	29 Segistered Agent	30				10. Name and Address of New	Reaistere		
	9. Name and Add	ess or corrent	registered regent		81	Name					
BISC	CHOFF, FRITZ				-		A	(D.O. D. N. has is Not Asset	abla)		
1501 SW 122ND AVE #3				82 Street			Addres	s (P.O. Box Number is Not Accept	aule)		
MIAMI FL 33184											
· ·					0.4	City				. 85 Zip (?ovie
					84	City			F	L 183 2.15 \	
office or r	egistered agent, or both m familiar with, and acc	n, in the State o cept the obligati	f Florida. Such chan ons of, Section 607.	ge was author:	zed by tatutes	the corpo	orations	tion submits this statement for the s board of cirectors. I hereby acce	pt the app	ozintment as re	gistered
12.		OFFICERS AND	DIRECTORS	1	13.			ADDITIONS/CHANGES TO OF	FICERS .		
TITLE	DPT		□ D	ELETE 1	1 TITLE					☐ Change	☐ Addition
NAME	BISCHOFF, FRITZ			1.	2 NAME						
STREET ADDRESS		VE #3		1.	3 STREET	ADDRESS	;				
CITY-ST-ZIP	MIAMI FL 33184		-		4 CITY-S	T- ZIP	<u> </u>				- Addition
TITLE	VS		(D		1 TITLE					Change	☐ Addition
NAME	BISCHOFF, FERNA				2 NAME						
STREET ADDRESS	1	VE #3				ADDRESS	3				
CITY-ST-ZIP	MIAMI FL 33184				4 CITY-S	ST-ZIP	+-			Change	Addition
TITLE					1 TITLE 2 NAME						
NAME						T ADDDESS	,				
STREET ADDRES S					4 CITY-S	TADDRESS	`				
CITY-ST-ZIP					4 CITE	31 - ZIF				Change	Addition
					2 NAME						
NAME STREET ADDRES S						TADDRESS	 				ļ
					4 CITY-S		1				
CITY-ST-ZIP		_			1 TITLE		T^{-}		•	☐ Change	☐ Addition
NAME					2 NAME	ĺ					
STREET ADDRESS				5	3 STREE	ADDRESS	s				
CITY-ST-ZIP				5	4 CITY-S	T-ZIP					
TITLE			[] D	ELETE 6	1 TITLE					☐ Change	Addition
NAME				6	2 NAME						
STREET ADDRESS				ϵ	.3 STREE	TADDRESS	\$				1
	I			6	4 CITY-S	T. 7IP	1				

14. I 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 curtify that the information indicated on this annual report or supplemental annual report is true and acct rate 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 free-liver 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 laddress, with all other like empowered.

SIGNATURE:

FRITZ BISCHOFF SIGNATU RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR