

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:19**

DOCUMENT # P94000075033 (8)

1. Corporation Name

Q.G.D. INDUSTRIAL GROUP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**999 PONCE DE LEON BLVD
SUITE 720
CORAL GABLES FL 33134**

Mailing Address
**999 PONCE DE LEON BLVD
SUITE 720
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
10/12/1994

3a. Date of Last Report

4. FEI Number
65-0529305

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**CARRERAS, RAUL JR
999 PONCE DE LEON BLVD
SUITE 720
CORAL GABLES FL 33134**

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 607.0502 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, ARTURO	1.2 NAME	
STREET ADDRESS	4535 SW 68TH CT CIR UNIT 1	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33155	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ARCE, LORENZO E	2.2 NAME	
STREET ADDRESS	10335 SW 80TH ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33176	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	VALDES, FRANCISCO J	3.2 NAME	
STREET ADDRESS	201 SEVILLA AVE SUITE 302	3.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33134	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify 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 hereof, or on an attachment with an address.

SIGNATURE:

ARTURO VAZQUEZ, President

February 27, 1995 (305) 594-0635

Date

Daytime Phone #