

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000075033 (8)**

1. Corporation Name

Q.G.D. INDUSTRIAL GROUP, INC.



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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/12/1994

3a. Date of Last Report

03/17/1995

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

10. Name and Address of New Registered Agent

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 of Registered Agent or Change of Registered Agent

Signature of Registered Agent or Change of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

1. TITLE

☐ Change ☐ Addition

NAME

VAZQUEZ, ARTURO

12. NAME

STREET ADDRESS

**4535 SW 68TH CT CIR UNIT 1
MIAMI FL 33155**

13. STREET ADDRESS

CITY-ST-ZIP

MIAMI FL 33155

14. CITY-ST-ZIP

TITLE

D

☐ DELETE

2. TITLE

☐ Change ☐ Addition

NAME

ARCE, LORENZO E

22. NAME

STREET ADDRESS

**10335 SW 90TH ST
MIAMI FL 33176**

23. STREET ADDRESS

CITY-ST-ZIP

MIAMI FL 33176

24. CITY-ST-ZIP

TITLE

D

☐ DELETE

3. TITLE

☐ Change ☐ Addition

NAME

VALDES, FRANCISCO J

32. NAME

STREET ADDRESS

**201 SEVILLA AVE SUITE 302
CORAL GABLES FL 33134**

33. STREET ADDRESS

CITY-ST-ZIP

CORAL GABLES FL 33134

34. CITY-ST-ZIP

TITLE

☐ DELETE

4. TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

42. NAME

STREET ADDRESS

☐ DELETE

43. STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

44. CITY-ST-ZIP

TITLE

☐ DELETE

5. TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

52. NAME

STREET ADDRESS

☐ DELETE

53. STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

54. CITY-ST-ZIP

TITLE

☐ DELETE

6. TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

62. NAME

STREET ADDRESS

☐ DELETE

63. STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

64. 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 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARTURO VAZQUEZ, President

2/15/96

(305) 594-0635

Doc

File, Fee, Filing #

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