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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P94000075033 (8)**

Q.G.D.	INDUSTRIAL GROUP, INC.							
Principal Place of Business  999 PONCE DE LEON BLVD  \$UITE 720  CORAL GABLES FL 33134  Mailing Address  999 PONCE DE LEON BLVD  SUITE 720  CORAL GABLES FL 33134						117 <b>41</b> 014 <b>11146</b> 1	01111 <b>86188</b> 1111	<u>                                     </u>
					<ol> <li>Date Incorporated or Qualified 10/12/1994</li> </ol>		ite of Last R 22/1996	leport
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 65-0529305	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional equired
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	May Be
Zip Country		Zip	Country		Trust Fund Contribution  8. This corporation has liability for			
24	9. Name and Address of Currer	29   30   Registered Agent			Florida Statutes XX Yes No			
CAF	RRERAS, RAUL JR	ii iiogiotoiou rigott	81	Name	10, Maille and Address of New A	egistered A	- Agent	
	PONCE DE LEON BLVD		82		ddress (P.O. Box Number is Not Acceptable)			
	te 720 Ral gables fl 33134		83		Tess (1.0. Box Nothber is Not Accepte			
COP	VAL GADLES PL 33134							
			84	1		FL		Code
11. Pursuant office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State im familiar with, and accept the oblig	12 and 607.1508, Florida Statu of Florida, Such change was ations of Section 607.0505, F	ites, the above authorized by spring Statuto	e-named corry y the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of ept the appo	changing it sintment as	s registered registered
SIGNATURE	Signature, typed or punited name of registered aga				red when reins(sting)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI	<del> </del>	DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE				Charige	Addition
NAME	VAZQUEZ, ARTURO		1.2 NAMÉ					
STREET ADDRESS	4535 SW 68TH CT CIR UNIT	1	1.3 \$18EE1	I ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155		1.4 CH1Y - S	S1-20 <sup>2</sup>				
TITLE	D	☐ DELETE	2.1 TATLE				Change	Addition
NAME	ARCE, LORENZO E		2.2 NAME					]
STREET ADDRESS	10335 SW 90TH ST		2.3 STREET	ADDRESS				ľ
CITY-ST-ZIP	MIAMI FL 33176	<del></del> <del></del>	2.4 CITY-	ST-ZIP				
TITLE	D	☐ DETEJE	3.1 TITLE				Change	Addition
NAME	VALDES, FRANCISCO J		32 NAME					
STREET ADDRESS	201 SEVILLA AVE SUITE 302		3 3 STREET	ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134	" -···	3.4. C/TY-	ST-7IP			<del></del>	
TITLE		DELETE	4.1 TATEE			ì	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 \$1RFF1	ADDRESS				
CITY-ST-ZIP			4.4 C(1) Y - S	51 - ZIP		<del></del>		
TITLE		DELETE	5.1 TITLE			ı	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	6.11111.F			Į	Change	Addition
NAME			6.2 NAME					

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 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 colored to the colored 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 only a attachment with an address.

ARTURO VAZQUEZ

64 CHTY+ST+ZIP

63 STREET ADDRESS