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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000087172 (0)**

1. Corporation Name

G.M.Q. INTERNATIONAL, INC.



Principal Place of Business

**577 N.W. 135TH TERRACE
PLANTATION FL 33325**

Mailing Address

**577 N.W. 135TH TERRACE
PLANTATION FL 33325**

2. Principal Place of Business

2a. Mailing Address

21

26

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**QUINTERO, GUSTAVO
577 N.W. 135TH TERRACE
PLANTATION FL 33325**

81 Name

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

83

84 City

FL

85 Zip Code

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 Corporation Secretary or Treasurer)

(Signature of Registered Agent)

(Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME
**PD
QUINTERO, GUSTAVO
577 N.W. 135TH TERRACE
PLANTATION FL 33325**

2. NAME
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2. TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

NAME
**SD
QUINTERO, MAGALY DE
577 N.W. 135TH TERRACE
PLANTATION FL 33325**

3. NAME
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3. TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

NAME
33 NAME
34 STREET ADDRESS
35 CITY-STATE-ZIP

4. NAME
43 NAME
44 STREET ADDRESS
45 CITY-STATE-ZIP

4. TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

NAME
53 NAME
54 STREET ADDRESS
55 CITY-STATE-ZIP

5. NAME
53 NAME
54 STREET ADDRESS
55 CITY-STATE-ZIP

5. TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME
63 NAME
64 STREET ADDRESS
65 CITY-STATE-ZIP

6. NAME
63 NAME
64 STREET ADDRESS
65 CITY-STATE-ZIP

6. TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

NAME
73 NAME
74 STREET ADDRESS
75 CITY-STATE-ZIP

7. NAME
73 NAME
74 STREET ADDRESS
75 CITY-STATE-ZIP

14. I 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. 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:

G. Quintero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)