PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000011921 (0)

QUISQUEYA LINES, INC.

FILED Feb 18 1997 8:00am Secretary of State



2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business		Principal Place of Business Mailing Address 3785 N.W. SOUTH RIVER DRIVE MIAMI FL 33142 MIAMI FL 33142 MIAMI FL 33142-6224			- 1 100 1750 110 1000 1010 1010 1000			
2. Principal Place of Business 21 3780 NW. 5. Principal Place of Business				3. Date Incorporated or Qualified 02/10/1995		3e, Date of Last Report 06/18/1996		
21 - 10 U 1960 - WK 1/11 1/126	ing Address 3780 MW. <i>S</i>	Pin	er Dr.	4. FEI Number 65-0551427			pplied For ot Applicable	
Suite, Apt. #, etc. Suite Suite	e, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State. City & State. City & State. City & State. 28 L	leame fh	- `		Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip Country Zip 24 33 142 25 29 3	3142 30	ountry]Yes [No	;, 199.032,	
9. Name and Address of Current Registered	Agent	81	Alassa	10. Name and Address of New Re	gistered /	Agent		
ABREU, JOSE		6'	Name					
12731 N.W. 103RD AVENUE HIALEAH GARDENS FL 33016			Street Addres	ess (P.O. Box Number is Not Acceptable)				
		83						
		84	City		FL	85 Zip	Code	
agent. I am familiar with, and accept the obligations of, Sec SIGNATURE Signature of the state of registered agent and little rapple 12. OFFICERS AND DIRECTOR	cable (NOTE: Registe	ered Agent	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PERS AND	DIRECTO	PS IN 12	
TITLE PSD		TITLE		ADDITIONS/CHANGES TO OFFIC	COO AND	☐ Change	Addition	
NAME ABREU, JOSE		NAME				_ •		
STREET ADDRESS 12731 N.W. 103RD AVENUE	· · ·	STREET A	DDRESS .					
CITY-ST-ZIP HIALEAH GARDENS FL 33016	a	CITY-ST	1					
TITLE VD		TITLE				Change	Addition	
NAME ABREU, MILAGROS	22	NAME		•				
STREET ADDRESS 12731 N.W. 103RD AVENUE	2.3	STREET A	ADDRESS					
CITY-ST-Z/P HIALEAH GARDENS FL 33016		4 CITY-ST	T-ZIP			[] Ob	A dans	
THE		TITLE				L Change	Addition	
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TITLE		TITLE				☐ Change	Addition	
NAME	4.2	2 NAME						
STREET ADDRESS	4.3	STREET A	NDDRESS					
CITY-S1-ZIP		CITY-ST	- ZIP	· · · · · · · · · · · · · · · · · · ·		·		
TITLE		TITLE				Change	Addition	
NAME		NAME						
STREET ADDRESS	4	STREET A	(
CITY-ST-ZIP		CITY-ST	- ZIP	<u> </u>		Change	Addition	
TITLE		TITLE NAME				Ollarige Land	Audilloit	
SIREET ADDRESS		: Name I street a	ANDRESS					
CITY-ST-ZIP		CITY-ST						
14. I do hereby certify that the information supplied with this fill information indicated on this annual report or supplemental I am an officer or director of the corporation or the receiver appears in Block 12 or Block 13 changed, or on an attact	no does not qually for the	зе ехеп	notion stated	in Section 119.07(3)(i), Florida Statute	s. I furthe	certify tha	t the	