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

CORPORATION ANNUAL REPORT



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

1996

P95000053527 (4) DOCUMENT #

QUETZAL TRADING, INC.

Principal Place of Business 1036 FRUIT COVE ROAD Mailing Address

1036 FRUIT COVE ROAD



JACKSON	/ILLE FL 32259	JACKSONVILLE FL 322	JACKSONVILLE FL 32259				
					3. Date Incorporated or Qualified 07/06/1995	3a. Date of La	est Report
· ·	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26 445-26 STATE	ROAD	13	<i>59-3322489</i>		Not Applicable
Suite, Apt. #, etc 22		Suito, Apt. #, etc 27 Suite 416		5. Certificate of Status Desired	1 1	3.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	_ \$	5.00 May Be	
23		28 JACKSONVILL	e F	<u>L</u>	Trust Fund Contribution		Added to Fees
Zip	Country	Z(p	Countr		8. This corporation has liability for in	itangible tax unc	for s. 199.032,
24	[25]		30 US	5/4	Florida Statutes Yes		
	9. Name and Address of Curre	nt Hegistered Agent		т	10. Name and Address of New Re	gistered Agen	t
	-		8	Name			
WISNER, RICHARD K				Street Addre	ess (P.O. Box Number is Not Acceptable	2)	
1036 FRUIT COVE ROAD							
JACKS	SONVILLE FL 32259		83	1			ì
			84	City		FI 85	Zip Code
11. Pursuant t	o the provisions of Sections 607.050:	2 and 607.1508, Florida Statutes,	the above	named corpora	ition submits this statement for the purp	ose of changing	its registered office
	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec		by the con	poration's board	d of directors. Thereby accept the appoint	intment as régisi	tered agent. I am
SIGNATURE	Styriature, typed or promotor and other process again			nt signal ze legonol	· <del></del>		
12.		ID DIRECTORS	13.	int signar ze recjonst	ADDITIONS CHANGES TO OFFICE	DATE TERS AND DIDE	CTODS IN 12
TITLE	D	☐ DELETE	1.13111.6		7.6577676 67776	Cha	
NAME	WISNER, RICHARD K	<del></del>	1.2 NAMÉ				, Madition
STREET ADDRESS	1036 FRUIT COVE ROAD			T ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL 32259		1.4 CITY -				
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CITY - ST - ZIP			2.4 CITY -				
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NAME			3.2 NAME			-	
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NAME			4.2 NAME				
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NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
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TITLE		☐ DELETE	6 1 TITLE			☐ Chai	nge Addition
NAME			6.2 NAME			_	_
STREET ADDRESS			6.3 STREE	FADDRESS			
CITY-ST-ZIP			6.4 CITY - 1				
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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 trusted 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: RICHARD K. WISHER, PRES 1/2/94

904 287-2963 Daylina Protein