2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 19, 2004 08:00 AM DOCUMENT # P950000571-79 **Secretary of State** 1. Entity Name QUIVICAN, INC. Principal Place of Business Mailing Address 2925 NW 27TH AVE 1710 NW17 AVE. MIAMI, FL 33142 MIAMI, FL 33125 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0618012 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALVAREZ, LAZARO M DO NOT WRITE 2288 SW 5TH ST. MIAMI, FL 33135 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE U00000092373 03/19/04-80006-010 150.00 NAME ALVAREZ, LAZARO STREET ADDRESS 2288 SW 5TH ST MIAMI, FL 33135 City-St-2IP SD MILE MAME ALVAREZ, VICTOR M STREET ADDRESS 2288 SW 5TH ST CITY-ST-ZIP MIAMI, FL 33135 TITLE NAME STREET ADDRESS DO NOT WRITE 61TY-ST-78P IN THIS SPACE BILE NAME STREET ADDRESS CSTY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

LAZARO ALVAREZ, PRES.

03-17-04 (305)444-5511