

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

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000070154 (6)

1. Corporation Name

Q-ODOR IMPORT AND EXPORT, INC.



Principal Place of Business

5850 LAKEHURST DRIVE
ORLANDO FL 32819

Mailing Address

5850 LAKEHURST DRIVE
ORLANDO FL 32819-8388

3. Date Incorporated or Qualified

09/12/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 4699 N. Federal Hwy

26 4699 N. Federal Hwy

4. FEI Number

59-3340636

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 208-A

27 Suite 208-A

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 Pompano Beach, FL

28 Pompano Beach, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33064

25 USA

29 33064

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CHAVES, ROOSEVELT-~~
~~5850 LAKEHURST DRIVE-~~
~~SUITE 150-10-~~
~~ORLANDO FL 32819-~~

81 Name

Gabriel Prats

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

151 Majorca Avenue, # C

83

84 City

Coral Gables

FL

85 Zip Code

33134

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 typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

1-24-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CHAVES, ROOSEVELT MUSSEL
STREET ADDRESS 5850 LAKEHURST DRIVE, SUITE 150-10
CITY-ST-ZIP ORLANDO FL 32819 ☐ DELETE

1.1 TITLE DP
1.2 NAME CHAVES, Roosevelt Mussel
1.3 STREET ADDRESS 4699 N. Federal Hwy. # 208-A
1.4 CITY-ST-ZIP Pompano Beach, FL 33064 ☐ Change ☐ Addition

TITLE DVP
NAME TEIXEIRA, MAURA FREITAS
STREET ADDRESS 5850 LAKEHURST DRIVE, SUITE 150-10
CITY-ST-ZIP ORLANDO FL 32819 ☐ DELETE

2.1 TITLE DP
2.2 NAME TEIXEIRA, Maura Freitas
2.3 STREET ADDRESS 4699 N. Federal Hwy. # 208-A
2.4 CITY-ST-ZIP Pompano Beach, FL 33064 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0082771

CR2E034 (9/96)