

**FILING NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # P95000071668 (4)**

1. Corporation Name  
**QUETZAL INC.**



Principal Place of Business: **9545 HARDING AVENUE SURFSIDE FL 33154**  
Mailing Address: **9545 HARDING AVENUE SURFSIDE FL 33154**

3. Date Incorporated or Qualified: **09/13/1995**  
3a. Date of Last Report

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)  
21-24: Suite, Apt. #, etc., City & State, Zip, Country  
25-30: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: **63-0615358**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CURRIE, ALAN  
9545 HARDING AVENUE  
SURFSIDE FL 33154**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                              |                                 |
|-----------------|------------------------------|---------------------------------|
| TITLE           | <b>PRESIDENT</b>             | <input type="checkbox"/> DELETE |
| NAME            | <b>ALAN CURRIE</b>           |                                 |
| STREET ADDRESS  | <b>9545 HARDING AVE</b>      |                                 |
| CITY - ST - ZIP | <b>SURFSIDE FL 33154</b>     |                                 |
| TITLE           | <b>VICE PRESIDENT</b>        | <input type="checkbox"/> DELETE |
| NAME            | <b>LOURDES ROMERO CURRIE</b> |                                 |
| STREET ADDRESS  | <b>9545 HARDING AVE</b>      |                                 |
| CITY - ST - ZIP | <b>SURFSIDE FL 33154</b>     |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |
| TITLE           |                              | <input type="checkbox"/> DELETE |
| NAME            |                              |                                 |
| STREET ADDRESS  |                              |                                 |
| CITY - ST - ZIP |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. 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 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 a separate attachment with an address.

SIGNATURE: **ALAN CURRIE** 4-15-96 305-864-6970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)