

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000082830 (7)

1. Corporation Name
QUICK SUPPLIES EXPORT, INC.



Principal Place of Business
8311 NW 64 STREET BAY #8
MIAMI FL 33166

Mailing Address
8311 NW 64 STREET BAY #8
MIAMI FL 33166

2. Principal Place of Business
21 8315 NW 64TH STREET

2a. Mailing Address
26 9560 SW 3RD CT

Suite, Apt. #, etc.
22 BAY # 5

Suite, Apt. #, etc.
27

City & State
23 MIAMI, FL

City & State
28 PEMBROKE PINES

Zip
24 33166

Country
25 US

Zip
29 33025

Country
30 US

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report

4. FEI Number
65-0620251

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

CARNEIRO, ANDRE
8311 NW 64 STREET BAY #8
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name CARNEIRO, ANDRE
82 Street Address (P.O. Box Number is Not Acceptable)
9560 SW 3RD COURT
83
84 City PEMBROKE PINES FL 85 Zip Code 33025

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 not, it is void)

DATE Registered Agent Signature Required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT / DIRECTOR ☐ DELETE
NAME ANDRE CARNEIRO
STREET ADDRESS 9560 SW 3RD COURT
CITY-STATE-ZIP PEMBROKE PINES, FL 33025

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 the 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 its 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

JANUARY 11TH, 96 (305) 592-8162

Date

Daytime Phone #

CR2E034 (12/95)