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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name P95000082830 (7)

QUICK SUPPLIES EXPORT, INC.

**FILED** Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address												4 JOBI 1001 SIN 18181 BISIN NOIN 00131 9934 NEIDI I			UNU BOSI 1881
WIAMI PL 33100						9560 SW 3RD CT. PEMBROKE PINES FL 33025						DO NOT WRITE IN THIS	SPACE		
[								3.	Date Incorporated or Qualified 10/30/1995						
2. Principal F	Place of Busin	2a.	. Mailing Address					4.	FEI Number		An	plied For			
3675 PEMBROKE ROAD						,					••	65-0620251		+	t Applicable
Suite, Apt. #, etc.						Suite, Apt. #, etc.					_		\$8.7		dditional
22 SUITE B-8 27											5.	Certificate of Status Desired			quired
City & State						City & State					6.	Election Campaign Financing	\$5.	00	Мау Ве
23 HOLLYWOOD FL, 28						Zip Country						Trust Fund Contribution	Add	ded to	o Fees
			ountry USA	-		, ·			1			This corporation owes or has paid the cu	_ ′		
24 3302		1-01			29	30					10	Personal Property Tax due June 30.  Name and Address of New Registered	X Yes		] No
<u></u>	110111111	y grou	ered Agent		81 Name			10.	Hallio allo Addiesa of two Registeres	- Moilt	<del>-</del>				
CARNEIRO, ANDRE						<u>L</u>					<u>.</u>				
9560 SW 3RD. CT. PEMBROKE PINES FL 33025									1	Street Addres	s (P.	O. Box Number is Not Acceptable)			
'	CMDHONE	FIIALO	11. 00020					83	t						
ł									ļ.,				72.1	<b>*</b> 0	
								84	١	City		FL	85	Zip C	ode.
11. Pursuant	to the provis	ions of	Sections 607.	0502 an	id 60	7.1508, Florida Statut	tes, th	e abov	e-r	named corpor	atior	n submits this statement for the purpose opered of directors. I hereby accept the app	changi	ng its	registered
agent. La	r <b>egis</b> tered aç ı <b>m fa</b> miliar w	jent, or ith, and	accept the of	tate of r bligation	is of,	Section 607.0505, Fi	lorida !	Statute	y II S.	ne corporation	180	soard of directors. Thereby accept the app	oiriumen	it as i	egistered
SIGNATURE							·								
Signature, sylection printed harve of registered agent and talled applicable  12. OFFICERS AND DIRECTORS								Registered Agent signature requ				reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDEC	TOP	2
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NAME		EIRD. /	ANDRE					.2 NAME		İ			•	•	<del></del>
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NAME							2	2 NAME							
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CITY-ST-ZIP								4 CITY-S							
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NAME							- 1	.2 NAME							1
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CITY-S1-ZIP	700 00 100						6.	.4 CITY - S	T-2	ZIP					

Thereby certify that the information supplied with this filling 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 as supplemental actual 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 althorize with an address.

SIGNATURE:

1-994-962-5113