FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000085657 (1)**

1. Corporation Name

LIQUEZ CORPORATION

Principal Place of Business
5839 WHIRLAWAY RD
PALM BEACH GARDENS FL 33418

Mailing Address
5839 WHIRLAWAY RD
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 11/06/1995

3a. Date of Last Report:

2. Principal Place of Business
21 1250 OLD DIXIE HIGHWAY
Suite, Apt. #, etc.
22 SUITE 4
City & State
23 LAKE PARK, FL.
Zip 24 33403 Country 25 U.S.A.

2a. Mailing Address
26 5839 WHIRLAWAY Rd.
Suite, Apt. #, etc.
27
City & State
28 PALM BEACH GARDENS, FL.
Zip 29 33418 Country 30 U.S.A.

4. FEI Number: 65-0629003 — 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

BENDECK, OSCAR
5839 WHIRLAWAY RD
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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: N/A
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BENDECK, OSCAR	
STREET ADDRESS	5839 WHIRLAWAY RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	☐ DELETE
NAME	VASQUEZ, JUAN	
STREET ADDRESS	35 AV 8-55 ZONA 7 TIKAL II	
CITY-ST-ZIP	GUATEMALA 01007	
TITLE	D	☐ DELETE
NAME	LIQUEZ, INGRID	
STREET ADDRESS	35 AV 8-55 ZONA 7 TIKAL II	
CITY-ST-ZIP	GUATEMALA 01007	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 an attachment with an address.

SIGNATURE: Board of Directors 4-9-96 407 622 7469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)