

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90019 045 ***550.00

DOCUMENT # P95000085657

1. Corporation Name

LIQUEZ CORPORATION

Principal Place of Business

990 OLD DIXIE HWY
1
LAKE PARK FL 33403
US

Mailing Address

5839 WHIRLWAY RD.
PALM BEACH GARDENS FL 33418
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

65-0629003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 4270 NORTHLAKE BLVD.

2a. Mailing Address

26 4270 NORTHLAKE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PALM BEACH GARDENS, FL

City & State

28 PALM BEACH GARDENS, FL

Zip

Country

Zip

Country

24 33410

25

USA

29 33410

30

USA

9. Name and Address of Current Registered Agent

BENDECK, OSCAR
5839 WHIRLWAY RD
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BENDECK, OSCAR
STREET ADDRESS 5839 WHIRLWAY RD
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE

NAME VASQUEZ, JUAN
STREET ADDRESS 35 AV 8-55 ZONA 7 TIKAL II
CITY-ST-ZIP GUATEMALA 01007

TITLE ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN VASQUEZ

4/26/99

Date

(561) 775 4888

Daytime Phone #

CR2E034 (11/98)

05/1992