

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

FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000005307 (9)**

1. Corporation Name

Q. AND D. PRODUCTION CORP.

Principal Place of Business

**8000 WEST 16TH AVENUE
HALEAH FL 33014**

Mailing Address

**8000 WEST 16TH AVENUE
HALEAH FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/17/1996

4. FEI Number

65-0637686

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1812 N. UNIVERSITY DR

Suite, Apt. #, etc.

22 PEMBROKE PINES FL

City & State

23 33024

Zip

Country

2a. Mailing Address

26 1812 N. UNIVERSITY DR

Suite, Apt. #, etc.

27 PEMBROKE PINES FL

City & State

28 33024

Zip

Country

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
1040 SAOUTHWEST FIRST STREET
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

ARMANDO QUIRANTES

82 Street Address (P.O. Box Number is Not Acceptable)

3801 S.W. 126 AVE CB-211

83

84 City

MIRAMAR

FL

85 Zip Code

33027

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 607.0502, Florida Statutes.

SIGNATURE

Armando Quirantes
Signature typed in printed name of registered agent and last if not all of it

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD DUARTE, JOSE**
STREET ADDRESS **8000 W. 16TH AVENUE**
CITY-ST-ZIP **HALEAH FL 33014**

TITLE ☐ DELETE

NAME **SVD QUIRANTES, ARMANDO**
STREET ADDRESS **3801 S.W. 126TH AVENUE CB 211**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Armando Quirantes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/98

Date

Daytime Phone #

0125419

CR2E034 (10/97)