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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 09 1997 8:00am
Secretary of State

OCUMENT # P94 00	00 53 407			
·	•			
E. Q. S. INC.				
			*	
ncipa' Picice of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	<del> </del>	* •
1319 SAUTA LUCIA STEVET 2319 SAUTA LUCIA STEVET				
issimmer, F1. 34743	KISSIMME	e, F1.34743		
	• • • • •		3. Date Incorporated or Qualified 3a.	Date of Last Report
			06/21/96	and or allow riop or t
Principle Patherof Business	2a. Mailing Address		4. FEI Number	Applied For
	26	<del></del>	Applied For	Not Applicable
State Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28		Trust Fund Contribution	Added to Fees
Zip Country	Ζφ	Country	8. This corporation has liability for intangil	
25	29	30	Florida StatutesYes	······································
9. Name and Address of Curre	ani Registereo Agent	81 Name	10. Name and Address of New Registers	o Agent
TAMARA JIMENEZ F		200		
1319 SAUTA LUCIAS		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
		83		
Kissimmee, Fl 34	743	84 City		■ 65 Zip Code
	00 10071100 51 11 01		F	L
Pursuant to the previsions of Sections 607.05 off an or registered agent, or both, in the Sta	te of Florida. Such change w	alutes, the above-hamed col yas authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
· - 11	gations of, Section 607 0505	. Florida Statutes	113	103
NATURE All Indicates the property of the patent of the pat	gent and the diapplicable	INOTE Registered Agent signature requ	ured when reinstating) DATE	47/
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
PRESIDENT.	☐ DELETE			ND DIRECTORS IN 12 Change Addition Change Addition
TAMARA JIMENE	2 P	1.2 NAME 1.3 STREET ADDRESS		
1 MISHES 2319 SAUTA LUC ST. 20 KISSIMMES FI.	A 4 7 4 3	1 4 CITY-ST-ZIP		
V. PROSIDENT	DELETE	2 1 TITLE		Change Addition
WILLIAM CEDEN	0	2 2 NAME		
14000ds 2319 SANTA LUCIA	STREET	2 3 STREET ADDRESS		
KISSIMMEE FI. 3	DELETE	2 4 CITY - ST-ZIP 31 TITLE		Change Addition
Secretary Jose Rafael Jim		3.2 NAME		
TALLEST 2319 SANTA LUCK	A Steet	3 3 STREET ADDRESS		
SIM KISSIMMEE FL	34743	3.4 CITY-ST-ZIP		
	DELETE	4.1 TITLE		Change Addition
. No. 661.		4 2 NAME		ļ
AD 1915   1-20		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	1110	
	DELETE		4 /2 (	Change Addition
		5.2 NAME	ν. α. γ	()
1.400 Fe (10)		5.3 STREET ADDRESS	5,00	
475	DELETE	5.4 CITY - ST - ZIP		Change Addition
	□ nerese	61 TITLE 62 NAME	200002122	T claude (T wooldon)
		6.3 STREET ADDRESS	300002186 -05/21/9701010-	-026
9.55 egs				
		6.4 CITY-S1-ZIP	***165.00	-
5 77	red with this filing does not c	6 4 CITY-ST-ZIP	***155.UU	
138 rs 5 77 Formation a careforms supplied in a samual report of Farmar of coror director of the corporation	or the receiver or trustee em	64 CITY-S1-ZIF jualify for the exemption state t is true and accurate and the powered to execute this repr	***165_00 ed in Section 119.07(3)(i), Florida Statutes. I furt at my signature shall have the same legal effect ort as required by Chapter 607, Florida Statutes	her certify that the as if made under oath, that
Fig. (68) of the second of the	or the receiver or trustee em	64 CITY-S1-ZIF jualify for the exemption state t is true and accurate and the powered to execute this repr	###153_U ed in Section 119.07(3)(i), Florida Statutes. I furt at my signature shall have the same legal effect ort as required by Chapter 607, Florida Statutes	her certify that the as if made under oath, that