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FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000064007 (3)**

1. Corporation Name
BEST QUALITY ENTERPRISES, INC. 2000

Principal Place of Business	Mailing Address
843 S.W. 15TH STREET DANIA FL 33004	243 S.W. 15TH STREET DANIA FL 33004-4244

3. Date Incorporated or Qualified: **07/29/1996** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0750167 | 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

LESSARD, MICHEL
243 S.W. 15TH STREET
DANIA FL 33004

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 Michel Lessard 4/23/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRES	☐ DELETE	11 TITLE	Pres.	☐ Change ☒ Addition
NAME	MICHEL LESSARD		12 NAME	Michel Lessard	
STREET ADDRESS	243 SW 15 ST		13 STREET ADDRESS	243 SW 15 St	
CITY-ST-ZIP	DANIA FL 33004		14 CITY-ST-ZIP	Dania FL 33004	
TITLE	VP	☐ DELETE	21 TITLE	VP	☐ Change ☒ Addition
NAME	MONA MCDADE		22 NAME	MONA MCDADE	
STREET ADDRESS	7801 NW 73 AV.		23 STREET ADDRESS	7801 NW 73 AV.	
CITY-ST-ZIP	TAMARAC FL. 33321		24 CITY-ST-ZIP	TAMARAC FL. 33321	
TITLE	SEC./TREAS.	☐ DELETE	31 TITLE	SEC/TREAS	☐ Change ☒ Addition
NAME	MARGARET A. LESSARD		32 NAME	MARGARET A LESSARD	
STREET ADDRESS	243 SW 15 ST.		33 STREET ADDRESS	243 SW 15 ST.	
CITY-ST-ZIP	DANIA, FL. 33004		34 CITY-ST-ZIP	DANIA, FL 33004	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Michel Lessard Michel Lessard 4/23/97 (954) 929-9927