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**

DOCUMENT # P97000046834 1. Corporation Name

CONQUEZ, INC.

Principal Place of Business

Mailing Address

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90048 040 ***158.75



12588 SW 88TH STREET 3755 SW 129TH AVENUE MIAMI FL 33186 MIAMI FL 33175					DO NOT MORE IN THIS	CDACE.	
US US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
}					05/28/1997		
2. Principal Place of Business 11 2a. Mailing Address				-	4. FEI Number	Ap	plied For
273755 SW 129 AVENUE					65-0757757	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22 27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 MIAMI, FL 28					Trust Fund Contribution	Added t	to Fees
Zip Country Zip			Country		This corporation owes the current year Int		
24 33175 25 LCSA 29 30				1 dischari reparty		₽No '	
	9. Name and Address of Current	Registered Agent	81	1	10. Name and Address of New Registered	Agent	
DE BINGON DETON WITOUET				Name			
DE RINCON, BETSY VAZQUEZ			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
3755 SW 129TH AVENUE							
MIAMI FL 33175			83				
			84	City	FL	85 Zip (Code
44 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes.	the above	e-named corr	poration submits this statement for the purpose of	changing its	registered
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 an tamiliar with, and accept the obligations of Section 607.0505, Florida Statutes.							
1 1/040 1/000 1 (1941/1/10)							
SIGNATURE	Signature, (ped of printed name of legistered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature require	ed when reinstating) DATE	0017	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	DE RINCON, BETSY VAZQUEZ		1.2 NAME]
STREET ADDRESS	3755 SW 129TH AVENUE		1.3 STREE	T ADDRESS			}
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				ļ
STREET ADDRESS			2.3 STREE	TADDRESS	~		(
CITY-ST-ZIP	MIAMI FL 33175		2. 4 CITY-5	ST-ZIP			
TITLE			3.1 TITLE	<u> </u>		Change	Addition
NAME			3.2 NAME]
STREET ADDRESS	-		3.3 STREE	TADDRESS]
CITY-ST-ZIP			3.4. CITY-5				į
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		DELETE	5.1 TITLE	1		☐ Change	Addition .
NAME		_	5.2 NAME				-
STREET ADDRESS			5.3 STREE	TADDRESS			1
CITY-ST-ZIP			5.4 CITY- S	i			1
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			-	ļ
				TADORESS			1
STREET ADDRESS			CACITY O	i			

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: