FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 18 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000059911 (2) QUEEN WAFER CORP. Principal Place of Business Mailing Address 14125 SW 142 AVE 14125 SW 142 AVE MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/10/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FEDERICO, RAUL O BERNARDO 14125 SW 142 AVE Street Address (P.O. Box Number is Not Acceptable) 14125 S W 142 AVE **MIAMI FL 33186** 83 84 MTAMI 11. Pursuant to the projections 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 register, agent, or both, in (1) Sub- of Epoida Sucre thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am landling with, and accept the indignors of Section 607.0505, Florida Statutes (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 TITLE TITLE FEDERICO, RAUL O 1.2 NAME NAME 14125 SW 142 AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 1.4 DITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE PRESIDENT/SECRETARY ← Change URBANDT, BERNARDO D NAME 2.2 NAME 14125 SW 142 AVE STREET ADDRESS 2.3 STREET ADDRESS **MIAM!** FL 33186 CITY-ST-Z# 2. 4 CiTY-ST-ZiP DELETE Change Addition 3.1 Tillif TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 T/TLE

6.2 NAME

6.3 STREET ADDRESS 6.4 City - St - ZIP

STREET ADDRESS

14. Thereby 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 graph attachment with an address. 1-20-98