


**FILED**  
**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90011 041 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000037666</b> ✓					
1. Corporation Name <b>QUISKEYA TRAVEL AND MULTISERVICES, INC.</b>					
Principal Place of Business <b>16544 N.E. 6TH AVENUE          NORTH MIAMI BEACH FL 33162</b>			Mailing Address <b>16544 N.E. 6TH AVENUE          NORTH MIAMI BEACH FL 33162</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
3. Date Incorporated or Qualified <b>04/24/1998</b>			4. FEI Number <b>65-0835516</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent <b>ROUCHON, PHILOMENA          16544 N.E. 6TH AVENUE          NORTH MIAMI BEACH FL 33162</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 807.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE		
NAME	ROUCHON, PHILOMENA		1.2 NAME		
STREET ADDRESS	16544 N.E. 6TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME	PIERRE-PIERRE, JOCELYNE		2.2 NAME		
STREET ADDRESS	16544 N.E. 6TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: *Philomena Rouchon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

CR2E034 (11/98)

Quiskeya Travel & Multiservices, Inc.

16444 NE 6th Ave.  
N. Miami Bch, FL. 33162  
(305) 949-3006  
Fax (305) 949-2607

590467-90009-23  
P98000037666 

July 12 1999

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Gentlemen

Re our telephone conversation with one of your officer, we  
are returning the Annual Report for the above corporation.

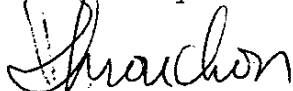
Please be advised, our address is as follows:

QUISKEYA TRAVEL & MULTISERVICES  
16444 N.E. 6TH AVENUE  
N. MIAMI BEACH, FL 33162

We did not receive the first letter on time because you  
put 16544 instead of 16444 so your letter went to the  
office in the back.

We will appreciate if you could correct our address as  
it is in our letterhead and office. Thank you

Sincerely



Philomena Rouchon  
President