

FILED
May 15, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P 98000055728**
 1. Corporation Name **CONEST QOC INC.**

Principal Place of Business
**1700 Cathedral Dr.
 Margate, Florida
 33063**

Mailing Address
**1700 Cathedral Dr.
 Margate, Florida
 33063**

2. Principal Place of Business
21 1700 Cathedral Dr.
 Suite, Apt. #, etc.

2a. Mailing Address
26 1700 Cathedral Dr.
 Suite, Apt. #, etc.

22 **A-1**
 City & State

27 **A-1**
 City & State

23 **Margate, Florida**
 City & State

28 **Margate, Florida**
 City & State

24 **33063** 25 **Broward**
 Zip Country

29 **33063** 30 **Broward**
 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
June 22, 1998

4. FEI Number
223092184 ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Conrado Guzman
1700 Cathedral Dr.
Margate, Florida 33063

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 **Conrado Guzman** *Conrado Guzman* **4/24/99**
 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	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conrado Guzman	1.2 NAME	
STREET ADDRESS	1700 Cathedral Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Margate, Florida 33063	1.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Felicia C. Guzman	2.2 NAME	
STREET ADDRESS	1700 Cathedral Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Margate, Florida 33063	2.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Felicia C. Guzman	3.2 NAME	
STREET ADDRESS	1700 Cathedral Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Margate, Florida 33063	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Conrado Guzman* **4/24/99** **954)956-9989**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)