

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V17774**

(3)

1. Corporation Name

QUICK COMMUNICATION SYSTEMS, INC.

APPROVED
AND
FILED
95 MAY -1 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~25782 S.W. 123RD PLACE
HOMESTEAD, FL 33032~~

**25782 S.W. 123RD PLACE
HOMESTEAD FL 33032**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0321523

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 8250 W. FLAGLER ST.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 180-A

27

City & State

City & State

23 MIAMI, FL

28

Zip

Zip

24 33144

Country

25 USA

Zip

29

Country

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELAHOZ, GUSTAVO
25782 S.W. 123RD PLACE
HOMESTEAD FL 33032**

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DELAHOZ, GUSTAVO
STREET ADDRESS	25782 S.W. 123RD PLACE
CITY - ST - ZIP	HOMESTEAD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	DELAHOZ, ANNETTE	
2.3 STREET ADDRESS	25782 SW 123 PL	
2.4 CITY - ST - ZIP	HOMESTEAD, FL 33032	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	DELAHOZ, CARLOS	
3.3 STREET ADDRESS	3060 SW 104 CT	
3.4 CITY - ST - ZIP	MIAMI, FL 33165	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Fee \$

4-28-95 **(305)**
551-1199