

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY - 1 AM 8: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V33210** (8)

1. Corporation Name  
**S.A. QUADRI (IMP & EXPORT) INC.**

Principal Place of Business: **7051 SW 135 TR APT 02 PEMBROKE PINES FL 33023 US**  
Mailing Address: **P.O. BOX 600593 NORTH MIAMI BEACH FL 33160-0593**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/04/1992</b>	3a. Date of Last Report <b>06/01/1994</b>
4. FEI Number <b>65-0411055</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 City & State 24 City & State	2a. Mailing Address 25 State, Apt. #, etc. 26 City & State 27 City & State 28 City & State 29 City & State
---	---

9. Name and Address of Current Registered Agent <b>SALVADOR, O. A. 7051 SW 13 STR #02 PEMBROKE PINES FL 33023</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code <b>FL</b>
--	---

11. Pursuant to the provisions of Sections 607 (002) and 607 (10), 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 responsibilities of Sections 607 (002), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
DP NAME: SALVADOR, QUADRI STREET ADDRESS: 725 NE 4TH / STE 104 CITY, ST, ZIP: HOLLANDALE FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD NAME: SALVADOR, ABUBAKRE I STREET ADDRESS: 16185 N.E. 19 CT., APT. 2 CITY, ST, ZIP: NORTH MIAMI BEACH FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAME: SALVADOR, MR ISIAKA STREET ADDRESS: 725 NE 4TH ST / APT 104 CITY, ST, ZIP: HALLANDALE FL			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD NAME: SALVADOR, MRS FOLAKE STREET ADDRESS: 725 NE 4TH STR / APT 104 CITY, ST, ZIP: HALLANDALE FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SALVADOR MR HABIBEN  
5201 S.W. 21 STR  
HOLLYWOOD, FLA 33023**

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 119.07(1)(b), Florida Statutes. I further certify that the information included 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 of this report, or in any combination with an addendum.

SIGNATURE: *Ayobah* **04/24/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR