

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 527931 (0)

1. Corporation Name  
**QUALITY BLINDS, INC.**



Principal Place of Business: 1800 NW 96TH AVE MIAMI FL 33172  
Mailing Address: 1800 NW 96TH AVE MIAMI FL 33172

3. Date Incorporated or Qualified: 03/10/1977  
3a. Date of Last Report: 08/03/1995

21	2. Principal Place of Business 1910 N.W. 96TH AVE.	26	2a. Mailing Address 1810 N.W. 96TH AVE.	4.	FEI Number 59-1849828	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORTIZ, MIGUEL  
1800 NW 96TH AVE  
MIAMI FL 33172

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	1810 N.W. 96TH AVE.
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ORTIZ, MIGUEL 7131 SW 142ND PLACE MIAMI FL	<input type="checkbox"/> DELETE	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ORTIZ, MIGUEL 7131 SW 142ND PLACE MIAMI FL	<input type="checkbox"/> DELETE	2. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2. 2 NAME
CITY-ST-ZIP			2. 3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	2. 4 CITY-ST-ZIP
NAME			3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3. 2 NAME
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3. 3 STREET ADDRESS
TITLE			3. 4 CITY-ST-ZIP
NAME			4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4. 2 NAME
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4. 3 STREET ADDRESS
TITLE			4. 4 CITY-ST-ZIP
NAME			5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5. 2 NAME
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5. 3 STREET ADDRESS
TITLE			5. 4 CITY-ST-ZIP
NAME			6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6. 2 NAME
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6. 3 STREET ADDRESS
TITLE			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 119.07(3)(k), 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: Miguel Ortiz DATE: 2-12-96 DAYTIME PHONE: 305-593-0603

CR2E034 (12/95)