FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # F65129

(1)

1. Corporation QUALITY	Y SERVICE CO	NTRACTORS	S, INC.				
Principal Place	of Business		Mailing Address			II 31911 DINI BIRI BIRI BIRI DINI DINI DINI I	H
C/O ISSAC J. RODRIGUEZ P O BOX 680646 MIAMI SPRINGS FL 33266		C/O ISSAC J. RODRIGUEZ P O BOX 660648 MIAMI SPRINGS FL 33266-0648		:			
MINNE STRIPS	3 FC 40200		MARKE OF THE SOL		3. Date Incorporated or Qualified 01/29/1982	3a. Date of Last Report 06/07/1996	
2. Principal PI	ace of Business		2a. Mailing Address		4. FEI Number	Applied	For
21			26		59-2165178	Not App	
Suite, Apt =	#, elc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Addition	
City & State	>		City & State		6. Election Campaign Financing	\$5.00 May	
23			28		Trust Fund Contribution	Added to Fee	
Z)p 24	25	intry	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199. Yes 🔲 No	032,
	9. Name and Ad	dress of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent	
	DRIGUEZ, ISAAC J			81 Name	Milagros Rod	534918	
6780 W. 2ND COURT #303				Address (P.O. Box Number is Not Accepta	ble)		
HIAL	LEAH FL 33012			83	1741 ENFCON BA	· 8	
				۵	•		
				84 City	TIAMI SPRINGS	FL 85 Zip Code	6
11. Pursuant t	to the playisions of S	Sections 607.050	02 and 607.1508, Florida Stat	utes, the above-named	corporation submits this statement for the toration's board of directors. I hereby access	purpose of changing its region	stered
agent. La	egistered agent, or t m familiar with, and i	accept the oblig	pations of Section 607.0505,	s admonzed by the corp Florida Statutes.	ioradori's board or directors. Friereby acce	spr me appointment as regis	tereti
						1 1	
SIGNATURE A						4/17/97	
	Signature Typod printed i	name of registered ag	pent and title 1/1, pigetble (N	OTE: Registered Agent signature	required when reinstating)	HIT AT	
SIGNATURE 12.		name of registered ag				DATE CERS AND DIRECTORS IN	
12.	Styriature Typed printed i	name of registered ag OFFICERS AN	ent and title y pightle (N ND DIRECTORS	OTE: Registered Agent signature i	required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN Change	12
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14. I do 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 clarge and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SHATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/77 305-227-151

FILED

Apr 24 1997 8:00am

Secretary of State