FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -6 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G16201** **(7)**

1. Corporation Name
QUALITY PICKING, INC.

Principal Place of Business
P.O. BOX 900160
PO DRAWER 9
HOMESTEAD FL 33090-0160
US

Mailing Address
P.O. BOX 900160
PO DRAWER 9
HOMESTEAD FL 33090-0160
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2234379 — 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

8. This corporation has elected for international tax under S. 1962 U.S.C. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BROOKS, N P
18400 S.W. 256TH ST.
HOMESTEAD FL 33090

10. Name and Address of New Registered Agent
81 Name: Corporation Company of Miami
82 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Boulevard
83: 1600 Miami Center
84 City: Miami FL 85 Zip Code: 33131

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: CORPORATION COMPANY OF MIAMI By: Julie B. Zammas, Asst. Sec

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROOKS, N P
STREET ADDRESS	18400 S.W. 256 STREET
CITY, ST, ZIP	HOMESTEAD, FL 00000
TITLE	ST
NAME	ZAHARAKO, DOROTHY
STREET ADDRESS	1840 SW 256 STREET
CITY, ST, ZIP	HOMESTEAD, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	Wheeling, Craig	
2.3 STREET ADDRESS	18400 S.W. 256 Street	
2.4 CITY, ST, ZIP	Homestead, FL 33090	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
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 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)(i), Florida Statutes. Further I certify that the information contained on the 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 hereunder, or on an attachment with an asterisk.

SIGNATURE: Craig Wheeling — 5/25/95 — 305-247-3544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0119360 CP