

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L39981** (0)

1. Corporation Name
QUALITY MEAT PATTIES, INC.



Principal Place of Business: **4759 N.W. 167TH STREET MIAMI FL 33055**
Mailing Address: **4759 N.W. 167TH STREET MIAMI FL 33055**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **01/04/1990**
3a. Date of Last Report: **04/11/1995**
4. FUI Number: **65-0172313**
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 liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**DUNCAN, CURLEAN
4759 N.W. 167TH STREET
MIAMI FL 33055**

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0102 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE	D	DELETE <input type="checkbox"/>
2. NAME	DUNCAN, CURLEAN	
3. STREET ADDRESS	1820 NW 175TH STREET	
4. CITY-STATE-ZIP	MIAMI FL	
5. TITLE	D	DELETE <input type="checkbox"/>
6. NAME	DUNCAN, COLVILLE	
7. STREET ADDRESS	1820 NW 175TH STREET	
8. CITY-STATE-ZIP	MIAMI FL	
9. TITLE	D	DELETE <input type="checkbox"/>
10. NAME	REID, ALTHEA DUNCAN	
11. STREET ADDRESS	1820 NW 175TH STREET	
12. CITY-STATE-ZIP	MIAMI FL	
13. TITLE		DELETE <input type="checkbox"/>
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		DELETE <input type="checkbox"/>
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-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)(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: *Curlean M Duncan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 805620-7783

CR2E034 (12/95)