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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90085 036 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L39981

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/04/1990

4. FEI Number
65-0172313
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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNCAN, CURLEAN
4759 N.W. 167TH STREET
MIAMI FL 33055

81 Name LILLIETH REID
82 Street Address (P.O. Box Number is Not Acceptable)
4759 N.W. 167th Street
83
84 City Miami, FL 85 Zip Code 33055

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 *Lillieth Reid*, Lillieth Reid

DATE 3/31/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME DUNCAN, CURLEAN
STREET ADDRESS 1820 NW 175TH STREET
CITY-ST-ZIP MIAMI FL

1.1 TITLE Change Addition
1.2 NAME Lillieth Reid
1.3 STREET ADDRESS 8428 Windsor Drive
1.4 CITY-ST-ZIP Miramar, Fl. 33025

TITLE D DELETE
NAME DUNCAN, COLVILLE
STREET ADDRESS 1820 NW 175TH STREET
CITY-ST-ZIP MIAMI FL

2.1 TITLE Change Addition
2.2 NAME Nathan Reid
2.3 STREET ADDRESS 8428 Windsor Drive
2.4 CITY-ST-ZIP Miramar, Florida 33025

TITLE D DELETE
NAME REID, ALTHEA DUNCAN
STREET ADDRESS 1820 NW 175TH STREET
CITY-ST-ZIP MIAMI FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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 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 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, with all other like empowered.

SIGNATURE: *Lillieth Reid*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/1/98)