

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037729
1. Corporation Name
L.M. Quality management Service

Principal Place of Business Mailing Address
4001 N.W. 5 St. P.O. Box 3538
Miami FL 33126 Hialeah, FL
33013

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified MAY 26, 1993	3a. Date of Last Report
4. FBI Number	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent
LUZMARY Nuñez
4001 N.W. 5 St.
Miami, FL 33126

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 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 LUZMARY Nuñez PHOTO Registered Agent signature required when reinstating LUZMARY Nuñez DATE 4/25/95

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	LUZMARY Nuñez
STREET ADDRESS	4001 N.W. 5 St.
CITY-ST-ZIP	Miami, FL 33126
TITLE	PD
NAME	LUZMARY Nuñez
STREET ADDRESS	4001 N.W. 5 St.
CITY-ST-ZIP	Miami, FL 33126
TITLE	SD
NAME	Amado Nuñez
STREET ADDRESS	4001 N.W. 5 St.
CITY-ST-ZIP	Miami FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	600001477876
13 STREET ADDRESS	-05/08/95--01003--009
14 CITY-ST-ZIP	***130.00 ***130.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	MAY 5/4/95

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 110.07(3)(h), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LUZMARY Nuñez DATE: 4/25/95 541-1215