

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000050905 (7)**  
 1. Corporation Name  
**QUALITY FREIGHT SERVICES, INC.**



Principal Place of Business <b>6800 NW 84TH AVE. MIAMI FL 33166 US</b>	Mailing Address <b>6800 NW 84TH AVE. MIAMI FL 33166-2619 US</b>
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3. Date Incorporated or Qualified <b>07/15/1993</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>65-0424239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**MONAYAR, YESMIN**  
**6800 NW 84TH AVE.**  
**MIAMI FL 33166**

10. Name and Address of New Registered Agent  
 81 Name **MONAYAR YESMIN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**85 GRAND CANAL DRIVE # 102**  
 83 **MIAMI**  
 84 City **MIAMI** FL 85 Zip Code **33144**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	MONAYAR, YESMIN	
STREET ADDRESS	6800 NW 84TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VELEZ, CARLOS A	
STREET ADDRESS	6800 NW 84TH AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARLOS A. VELEZ	
1.3 STREET ADDRESS	85 GRAND CANAL DRIVE #102	
1.4 CITY-ST-ZIP	MIAMI, FL 33144	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YESMIN VELEZ	
2.3 STREET ADDRESS	85 GRAND CANAL DRIVE #102	
2.4 CITY-ST-ZIP	MIAMI, FL 33144	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: *[Signature]* **4/29/97** **266-4434**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)