

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000070939 (1)**

1. Corporation Name
QUEST INTERNATIONAL, INC.



Principal Place of Business: **1938 NE 148 TERR NO MIAMI FL 33181 US**
Mailing Address: **17064 WEST DIXIE HIGHWAY N MIAMI BEACH FL 33160**

3. Date incorporated or Qualified: **09/27/1994**
3a. Date of Last Report: **04/26/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 65-0522334	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	29	Zip	30	Country	Country	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**TROY, SANDRA
17064 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CORT, ROBERT A	
STREET ADDRESS	2453 N. 37TH AVE.	
CITY - ST - ZIP	HOLLYWOOD FL 33027	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KIEFER, DAVID J	
STREET ADDRESS	828 LAKE DRIVE	
CITY - ST - ZIP	MIAMI SPRINGS FL 33166	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TROY, SANDRA	
STREET ADDRESS	2320 N.E. 215TH ST.	
CITY - ST - ZIP	NORTH MIAMI FL 33180	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COMPAIN, OSCAR	
STREET ADDRESS	6861 SW 95 AVE	
CITY - ST - ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert Cort* **ROBERT CORT** 5/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)