

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 33161 US	Mailing Address 17004 WEST DIXIE HIGHWAY N MIAMI BEACH FL 33160
---	---

DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 17290 NE 19th AVE
22 City & State	27 No. MIAMI BEACH, FL
23 Zip	28 33162
24 Country	29 USA

3 Date Incorporated or Qualified 09/27/1994
4 FEI Number 65-0522334
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
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

TROY, SANDRA
17004 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name TROY SANDRA
82 Street Address (P.O. Box Number is Not Acceptable) 1938 NE 138 TERR
83
84 City No. MIAMI FL 85 Zip Code 33187

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	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	8861 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 APR 23 1998**

CFR2E034 (10/97)