

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

FILED
Jan 29 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 # 490784 (6)
1. Corporation Name
QUALITY PRINTS & SUPPLIES, INC.



Principal Place of Business

Mailing Address

5315 SW 8 ST
MIAMI FL 33134
US

5315 SW 8 ST
MIAMI FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1976

4. FEI Number

59-1648073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 8300 SW 8 St.

26 Suite, Apt. #, etc.

22 Suite 101

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 79101 FL

29 City & State

25 Zip

30 Zip

26 33144

31 Country

27 U.S.A.

32 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES, MAGALYS

5315 SW 8 ST

MIAMI FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 8300 SW 8 St

84 Suite 101

85 City

FL

86 Zip Code

87 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 *Margalys Valdes*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/24/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME VALDES, GONZALO A

STREET ADDRESS 14190 SW 30 ST

CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME SD VALDES, MAGALYS

STREET ADDRESS 14190 SW 30 ST

CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME *Luia Gonzalo Valdes*

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE *Margalys Valdes*

9/23/98

CR2E034 (1097)