FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:08

DOCUMENT # 663037 (0)

1. Corporation Name
Q S A CORP.

Principal Place of Business	Mailing Address
12000 BISCAYNE BLVD #221 POST OFFICE BOX 1987 MIAMI FL 33181-2742	12000 BISCAYNE BLVD #221 POST OFFICE BOX 1987 MIAMI FL 33181-2742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1250 E Hallandale Bch Blvd #500
22 Suite, Apt. #, etc. Hallandale FL
23 City & State
24 Zip 33009
25 Country Bwd

2a. Mailing Address
26 P O Box 3864
27 Suite, Apt. #, etc.
28 City & State Hallandale FL
29 Zip 33008-3864
30 Country Bwd

4. FEI Number 59-2131131 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LONSCHEIN, IRWIN
12000 BISCAYNE BLVD #221
N. MIAMI FL 33181

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1250 E Hallandale Bch Blvd #500
83
84 City Hallandale FL 85 Zip Code 33009

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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	☒ Change ☐ Addition
NAME	LONSCHEIN, IRWIN	1.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD #221	1.3 STREET ADDRESS	1250 E Hallandale Bch Blvd #500
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	Hallandale FL 33009
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	LONSCHEIN, IRWIN	2.2 NAME	
STREET ADDRESS	12000 BISCAYNE BLVD #221	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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: [signature] 4/10/95 (305) 456-5755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
IRWIN LONSCHEIN

0190189 CP