

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 # 663037 (0)

1. Corporation Name
Q S A CORP.



Principal Place of Business
1250 E HALLANDALE BLVD 500
POST-OFFICE BOX 1887
HALLANDALE FL 33009
US

Mailing Address
P O BOX 3864
POST OFFICE BOX 1887
HALLANDALE FL 33008-3864
US

3. Date Incorporated or Qualified 12/13/1979
3a. Date of Last Report 04/13/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

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

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
1250 E HALLANDALE BLVD 500
HALLANDALE FL 33009

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DST	LONSCHEIN, IRWIN	1250 E HALLANDALE BLVD 500	HALLANDALE FL	<input type="checkbox"/>
P	LONSCHEIN, IRWIN	12000 BIGCAYNE BLVD #221	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	2. 1 TITLE	3. 1 TITLE	4. 1 TITLE	5. 1 TITLE	6. 1 TITLE
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2.2 NAME	3.2 NAME	4.2 NAME	5.2 NAME	6.2 NAME
1.3 STREET ADDRESS	2.3 STREET ADDRESS	3.3 STREET ADDRESS	4.3 STREET ADDRESS	5.3 STREET ADDRESS	6.3 STREET ADDRESS
1.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP

1250 E Hallandale Blk Blvd #500
Hallandale FL 33009

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)