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 JAN 13 AM 9:25

DOCUMENT # **F94000005032 (7)**

1. Corporation Name
QUALITY LEGAL SERVICES, INC.

Principal Place of Business	Mailing Address
7907 N.W. 53RD ST. SUITE 364 MIAMI FL 33166	7907 N.W. 53RD ST. SUITE 364 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 65-0507545 ☐ 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

WOLFE, LARRY
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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: _____ DATE
Signature, typed or printed name, of registered agent and title if applicable — NOTE: Registered Agent Signature required when name changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, DAISY T	12 NAME		
STREET ADDRESS	8180 GENEVA CT.	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33166	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ROYE, JORGE A	22 NAME		
STREET ADDRESS	8180 GENEVA CT.	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33166	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, JOSE L	32 NAME		
STREET ADDRESS	8180 GENEVA CT.	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33166	34 CITY ST ZIP		
TITLE	TD	41 TITLE	ERIC LOPEZ / TD	☒ Change ☐ Addition
NAME	LEHTIHALME, TINA B	42 NAME		
STREET ADDRESS	8180 GENEVA CT.	43 STREET ADDRESS	8180 GENEVA CT. B-420	
CITY ST ZIP	MIAMI FL 33166	44 CITY ST ZIP	ILLIMI, FL. 33166	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this 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: Jose L Lopez 1-9-95 — 26-0527
SIGNATURE AND TYPED OR PRINTED NAME OF DOING OFFICER OR DIRECTOR — Date — Telephone Number
SD