

F 98000001000

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: QUALITY BUSINESS SERVICES, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROGELIO FORBS

(Name of Person)

QUALITY BUSINESS SERVICES, INC.

(Firm/Company)

5749 NW 48TH DRIVE

(Address)

CORAL SPRINGS, FL 33067

(City/State/Zip)

W98-3297

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***131.25 ***131.25

Should you need to call someone concerning this matter, please call:

ROGELIO FORBS

(Name of Person)

at (954) 646-2254

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 23 AM 9:27
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 13, 1998

ROGELIO FORBS
QUALITY BUSINESS SERVICES, INC.
5749 NW 48TH DRIVE
CORAL SPRINGS, FL 33067

SUBJECT: QUALITY BUSINESS SERVICES, INC.
Ref. Number: W98000003297

We have received your document for QUALITY BUSINESS SERVICES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 998A00008485



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned NANCY McCORMICK, do hereby certify
that this Resolution of the Board of Directors of QUALITY BUSINESS
SERVICES, INC.
a corporation duly organized and existing under the laws of the State of DELAWARE
was duly adopted on 12/01, 19 97.

Resolved, that QUALITY BUSINESS SERVICES, INC., organized
and existing in the State of DELAWARE, hereby adopts the
name TECHNICAL DEVELOPERS, INC.
for use in Florida.

Dated: 02/19/98

Nancy McCormick
Signature of at least one director

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INHS19(3/95)

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:*

1. QUALITY BUSINESS SERVICES, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE 3. 65-0803332
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/01/97 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01-10-98
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 5749 NW 48TH DRIVE
CORAL SPRINGS, FL 33067
(Current mailing address)

8. ELECTRONIC SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)


Name: ROGELIO FORBES

Office Address: 5749 NW 48TH DRIVE

CORAL SPRINGS, Florida, 33067
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DIVISION OF CORPORATIONS
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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: ROGELIO FORBS

Address: 5749 NW 48TH DRIVE
CORAL SPRINGS, FL 33067

Vice Chairman: NANCY MCCORMICK

Address: 5749 NW 48TH DRIVE
CORAL SPRINGS, FL 33067

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: NANCY MCCORMICK

Address: 5749 NW 48TH DRIVE
CORAL SPRINGS, FL 33067

Vice President: _____

Address: _____

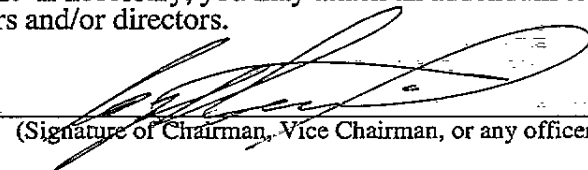
Secretary: ROGELIO FORBS

Address: 5749 NW 48TH DRIVE
CORAL SPRINGS, FL 33067

Treasurer: NANCY MCCORMICK

Address: 5749 NW 48TH DRIVE
CORAL SPRINGS, FL 33067

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

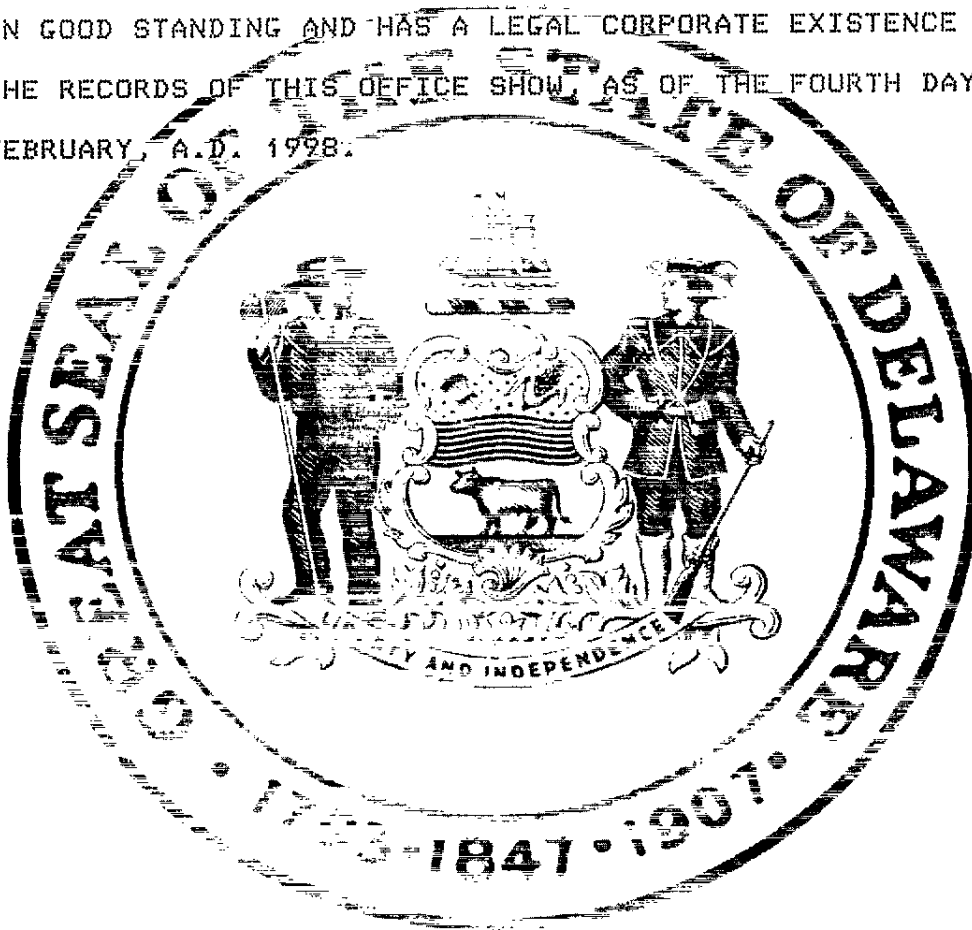
14. ROGELIO FORBS - CHAIRMAN
(Typed or printed name and capacity of person signing application)

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State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUALITY BUSINESS SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF FEBRUARY, A.D. 1998.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

8901262

DATE:

02-04-98