

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 # **J76540**

(0)

1. Corporation Name

QUALITY CONSULTING, INC.



Principal Place of Business

15689 SW 172 AVE

~~555~~
MIAMI FL 33187
US

Mailing Address

15689 SW 172 AVE

~~555~~
MIAMI FL 33187
US

3. Date Incorporated or Qualified
06/05/1987

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21 **15689 SW 172 Ave**

22 **blank- no apt #**

23 **Miami, FL**

24 **33187** 25 **USA**

2a. Mailing Address

26 **15689 SW 172 Ave**

27 **blank no apt #**

28 **Miami FL**

29 **33187** 30 **USA**

4. FEI Number

59-2819214

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

WHITE, DEBORAH A. ESO
1645 NW 8 ST

MIAMI FL 33126

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 of the person who is registered agent of the corporation

Signature of the Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	JONES, EDWARD L.	
STREET ADDRESS	15689 SW 172 AVE	
CITY, ST, ZIP	MIAMI FL	
TITLE	PD	☐ DELETE
NAME	JONES, LINDA	
STREET ADDRESS	15689 SW 172 AVE	
CITY, ST, ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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

Linda Jones

1-19-96 (305) 378-7481

Date

Daytime Phone #

CR2E034 (12/95)