

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L09176** (3)
1. Corporation Name
QUALITY PRODUCTS, INC.



Principal Place of Business % SAL ALALU 7505 CUTLASS AVENUE NORTH BAY VILLAGE FL 33141	Mailing Address % SAL ALALU 7505 CUTLASS AVENUE NORTH BAY VILLAGE FL 33141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6716 NW 72nd Ave Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33166 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 08/11/1989	4. FEI Number 65-0136621 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ALALU, SAL 7505 CUTLASS AVENUE NORTH BAY VILLAGE FL 33141				10. Name and Address of New Registered Agent 81 Name Lilian Sredni, P. A. 82 Street Address (P.O. Box Number is Not Acceptable) 21332 W. Dixie Highway 83 84 City N. Miami Beach FL 85 Zip Code 33180			
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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 **Lilian Sredni** 2/10/98
Signature of person named or proposed as agent or the corporation (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	NAME	ALALU, SAL	1.1 TITLE	DP	1.2 NAME	Alalu, sal
STREET ADDRESS		STREET ADDRESS	7505 CUTLASS AVENUE	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	6716 NW 72nd Avenue
CITY - ST - ZIP		CITY - ST - ZIP	N. BAY VILLAGE FL	2.1 TITLE		2.2 NAME	
TITLE	DVP	NAME	QUINTA, ANDRES R.	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	1726 SW 3RD STREET	3.1 TITLE		3.2 NAME	DVP
CITY - ST - ZIP		CITY - ST - ZIP	MIAMI FL	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	Alalu, moises
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP		5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS		6.1 TITLE		6.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Sal Alalu** 1/23/98 888-5400

CR2E034 (10/97)