

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 FEB -9 AM 9:57

DOCUMENT # L56567

(5)

1. Corporation Name

QUALITY MICROGRAPHICS, INC.

Principal Place of Business

9705 SW 132 COURT  
MIAMI FL 33186  
US

Mailing Address

9705 SW 132 COURT  
MIAMI FL 33186  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/13/1990

3a. Date of Last Report

04/21/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0180854

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

10. Name and Address of New Registered Agent

MARGOLIS, JOHN A., ESQ.

9940 SUNSET DR

SUITE 40

MIAMI FL 33173

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9990 SW 77 AVE

83

SUITE 333

84 City

MIAMI

FL

85

Zip Code

33156

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME

PT  
RAUZIN, DENNIS I.  
9705 SW 132 COURT  
MIAMI FL 34

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

S  
LEAL, EDUARDO A.  
7045 NW 41 ST  
MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 007, 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 REGISTERED AGENT OR DIRECTOR

DENNIS RAUZIN, PRESIDENT

Date

Daytime Phone #

2-6-95

305-385-2175