

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90104 038 \*\*\*150.00

**DOCUMENT # L67799**

1. Corporation Name  
**QUALITY EXPRESS, CORP.**

Principal Place of Business  
**7436 SW 117 AVE.  
STE. 158  
MIAMI FL 33183**

Mailing Address  
**7436 SW 117 AVE.  
STE. 158  
MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/23/1990**

4. FEI Number  
**65-0183821**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required..

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GIUBERGIA, MARIA  
15162 S.W. 171 STREET  
MIAMI FL 33187**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
GIUBERGIA, ADOLFO  
15162 S.W. 171 ST.  
MIAMI FL 33187**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GIUBERGIA, MARIA  
15162 S.W. 171 ST.  
MIAMI FL 33187**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

2.1 TITLE  
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30.1 TITLE  
30.2 NAME  
30.3 STREET ADDRESS  
30.4 CITY-ST-ZIP

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/99**

Date

**305-955-5571**

Daytime Phone #

CR2E034 (11/98)