

FILED  
 Sep 29 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # M27505  
 1. Corporation Name

QUALITY MACHINE SHOP, INC



Principal Place of Business Mailing Address

1776-78 West 41 St.,  
 Hialeah, Fl 33012 SAME

3. Date Incorporated or Qualified  
 Febr 18, 1986  
 3a. Date of Last Report

2. Principal Place of Business 21 1776-78 W 41 St. Suite, Apt. #, etc.	2a. Mailing Address 26 Same Suite, Apt. #, etc.	4. EIN Number 59-2638831	Applied For Not Applicable
22 City & State 23 Hialeah, Fl 33012	27 City & State 28 Hialeah, Fl 33012	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip Country	29 Zip Country	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
25		7. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Eusebio Tarradell 4840 nW. 184 Terr Miami, Fl 33055				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.D. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMICIANO P PORVEN	1.2 NAME	ANDRES M PORVEN
STREET ADDRESS	5451 W 6 Ave	1.3 STREET ADDRESS	5391 W 6 Ave
CITY - ST - ZIP	Hialeah, Fl 33012	1.4 CITY - ST - ZIP	Hialeah, Fl 33012
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBROSIA N PORVEN	2.2 NAME	
STREET ADDRESS	5391 W 6 Ave	2.3 STREET ADDRESS	
CITY - ST - ZIP	Hialeah, Fl 33012	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	500002651185
STREET ADDRESS		6.3 STREET ADDRESS	-09/29/98-01007-032
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***550.00

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 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.

SIGNATURE: Domiciano P. Porven 8/17/98 (305) 557 1522  
 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)