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

**PROFIT · CORPORATION ANNUAL REPORT 1998**

**DOCUMENT'#'  M28310      (4)**

1. Corporation Name

**QUALITY BUSINESS CARDS, CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1313 PONCE DE LEON BLVD #201<br>CORAL GABLES FL 33134 | 1313 PONCE DE LEON BLVD #201<br>CORAL GABLES FL 33134 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**03/04/1986**

4. FEI Number
**59-2649131**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| | 2. Principal Place of Business | | 2a. Mailing Address |
|---|---|---|---|
| 21 | | 26 | |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 25 Country | 29 Zip | 30 Country |

**9. Name and Address of Current Registered Agent**

RAMIREZ, FABIO
115 37TH SW 24TH LANE
MIAMI FL 33165

**10. Name and Address of New Registered Agent**

| 81 | Name |
|---|---|
| 82 | Street Address (P.O. Box Number is Not Acceptable) 34th |
| 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 _____ FABIO RAMIREZ

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GRAMATGES, ROBERTO L. | | 1.2 NAME | |
| STREET ADDRESS | 132 65TH SW 97TH TERR. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | |
| TITLE | DT | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | RAMIREZ, FABIO | | 2.2 NAME | |
| STREET ADDRESS | 115 37TH SW 24TH LANE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (10/97)

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 X _____ FABIO RAMIREZ   5/30/67   (305)635-284X