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

APPROVED
AND
FILED

1995 MAY -1 PM 5 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001492786
-05/18/95--01004--007
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **M34146** **(4)**

1. Corporation Name
QUALITY DISTRIBUTORS & GAMES, INC.

Principal Place of Business
~~4000 S.W. 74TH AVE~~
~~MIAMI FL 33155~~

Mailing Address
~~4000 S.W. 74TH AVE~~
~~MIAMI FL 33155~~

3. Date Incorporated or Qualified: 06/24/1986
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business
21 11729 S. DIXIE Hwy
22 Suite, Apt. #, etc
23 City & State: MIAMI, FL
24 Zip: 33156
25 Country

2a. Mailing Address
26 11729 S. DIXIE Hwy
27 Suite, Apt. #, etc.
28 City & State: MIAMI, FL
29 Zip: 33156
30 Country

4. FEI Number: 59-2689039 — 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
RUBIO, ROBERTO M
~~4000 S.W. 74 AVE.~~
~~MIAMI FL 33155~~

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 11729 S. DIXIE Hwy
03
04 City: MIAMI FL 05 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	PVD	1.1 TITLE	☐ Change ☐ Addition
NAME	RUBIO, ROBERTO MARTINEZ	1.2 NAME	
STREET ADDRESS	11729 S DIXIE HWY	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, ISMAEL	2.2 NAME	
STREET ADDRESS	11729 S DIXIE HWY	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	RUBIO, RAFAEL MARTINEZ	3.2 NAME	
STREET ADDRESS	11729 S DIXIE HWY	3.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	3.4 CITY ST ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	RUBIO, RICARDO MARTINEZ	4.2 NAME	
STREET ADDRESS	11729 S DIXIE HWY	4.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

TAW 5-1-95

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 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: _____ ROBERTO MARTINEZ-RUBIO — 4/27/95 — 305-261-2909
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0164314 CP