

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:18

DOCUMENT # **M63651** (7)

1. Corporation Name
QUAL TWENTY SEVEN, INC.

Principal Place of Business Mailing Address
18055 SW 97 AVENUE MIAMI FL 33157 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/15/1987** 3a. Date of Last Report **05/11/1994**

4. FEI Number **65-0020807** 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. 1991.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **19555 S.W. 134 Ave.** 26

State, Apt. #, etc. State, Apt. #, etc.
22 27

City & State City & State
23 **Miami, FL** 28

Zip Country Zip Country
24 **33177** 25 **USA** 29 30

9. Name and Address of Current Registered Agent
**KAUFMANN, FREDERICK G.
19555 SW 134TH AVENUE
MIAMI FL 33177**

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 _____ DATE _____
Signature (Name of registered agent and the corporation) Registered Agent (Name of registered agent)

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	KAUFMANN, FREDERICK G.
STREET ADDRESS	19555 SW 134TH AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	STD
NAME	PEREZ, EDUARDO
STREET ADDRESS	76 ANN TERRACE
CITY, ST, ZIP	PARK RIDGE NJ
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

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 111(0)(3)(b), Florida Statutes. I further certify that the information in this annual report or supplemental annual report is true and accurate and that my signature does 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, or on an attachment with an address.

SIGNATURE:
Name of Registered Agent or Director
Frederick G. Kaufmann

6-23-95 (305) 233-6000