SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:08

DOCUMENT # **N93000001071 (0)**

1. Corporation Name

QUALITY UNITED EDUCATION, INC.

Principal Place of Business	Mailing Address
19720 N.W. 40TH AVE. MIAMI FL 33055 US	19720 N.W. 40TH AVE. MIAMI FL 33055 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/01/1993**
3a. Date of Last Report: **09/08/1994**
4. FEI Number: **65-0469071** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. The corporation has liability for corporate tax under s. 220.02 Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ROBINSON, RUBINOFF
19720 N.W. 40TH AVE.
MIAMI FL 33055

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE (Signature, type or print 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	ROBIRSON, RUBINOFF	12 NAME		
STREET ADDRESS	19720 N.W. 40TH AVE.	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33058	14 CITY ST ZIP		
TITLE	VT	21 TITLE		☐ Change ☐ Addition
NAME	ROBIRSON, DALE	22 NAME		
STREET ADDRESS	19720 N.W. 40TH AVE.	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33058	24 CITY ST ZIP		
TITLE	TT	31 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, CATHERINE	32 NAME		
STREET ADDRESS	140 N.W. 100TH ST.	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33417	34 CITY ST ZIP		
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	GAINEY, CASSANDRA	42 NAME		
STREET ADDRESS	1375 N.W. 100TH ST.	43 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33417	44 CITY ST ZIP		
TITLE	MA	51 TITLE		☐ Change ☐ Addition
NAME	GRANT, SAM	52 NAME		
STREET ADDRESS	2550 N.W. 115TH ST.	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33167	54 CITY ST ZIP		
TITLE	PR	61 TITLE		☐ Change ☐ Addition
NAME	GORDON, CHRISTINA	62 NAME		
STREET ADDRESS	2481 OAKGARDEN LANE	63 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL 33020	64 CITY ST ZIP		

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rubinoff Robenson 6/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF ROBINSON OFFICER OR DIRECTOR Date Daytime Phone #