SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90002 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001071

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/01/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0469071 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBIRSON, RUBINOFF		1.2 NAME		
STREET ADDRESS	19720 N.W. 40TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33058		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBIRSON, DALE		2.2 NAME		
STREET ADDRESS	19720 N.W. 40TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33058		2.4 CITY-ST-ZIP		
TITLE	TT	X ☐ DELETE	3.1 TITLE	TT	☐ Change ☒ Addition
NAME	MITCHELL, CATHERINE		3.2 NAME	LEWIS, JR. HENRY W.	
STREET ADDRESS	140 N.W. 100TH ST.		3.3 STREET ADDRESS	8712 EMBASSY BLVD.	
CITY-ST-ZIP	MIAMI FL 33417		3.4 CITY-ST-ZIP	MIRAMAR FL. 33023	
TITLE	ST	X ☐ DELETE	4.1 TITLE	ST	☐ Change ☒ Addition
NAME	GAINEY, CASSANDRA		4.2 NAME	ALEN CLARK	
STREET ADDRESS	1375 N.W. 100TH ST.		4.3 STREET ADDRESS	1760 NW 193 STREET	
CITY-ST-ZIP	MIAMI FL 33417		4.4 CITY-ST-ZIP	OPA LOCKA FL. 33056	
TITLE	MA	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRANT, SAM		5.2 NAME		
STREET ADDRESS	2550 N.W. 115TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		5.4 CITY-ST-ZIP		
TITLE	PR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, CHRISTINA		6.2 NAME		
STREET ADDRESS	2481 OAKGARDEN LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/5/1999 305-623-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #