FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 16, 2002 8:00 am Secretary of State P01000062936 DOCUMENT # 1. Entity Name 05-29-2002 90715 015 ***150.00 QUALITY ENGRAVING, CORP. Principal Place of Business Mailing Address 7217-7 GATES HEAD CIR 7217-7 GATES HEAD CIR ORLANDO FL 32822 ORLANDO FL 32822 3. Mailing Address SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number ORLAND Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIVERA, CESAR Street Address (P.O. Box Number is Not Acceptable) 7217-7 GATES HEAD CIR ORLANDO FL 32822 City Zip Code uits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. , I am familiar with, and accept 8. The above na the obligations SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS Cateshoas CUR ORLANDO CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information indicated on this report or supplemental to the control of the contro

of the corporation or the recchanged, or on an attachmen

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er like empowered

Date Daytime Phone #

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 produced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

2002 UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # P0100062936					\mathcal{L}	
QUALITY ENGRAVING, CORP.				1 Hally		
Principal Place of Business Mailing Address				1/2/286		
7217-7 GATES HEAD CIR ORLANDO FL 32822		7217-7 GATES HEAD CIR ORLANDO FL 32822		4040		
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2. Principal Place of Business 73-17-7 GATESTICAS CIR 73-17-7 GATES Suite, Apt. #, etc. 3. Mailing Address 73-17-7 GATES Suite, Apt. #, etc.		as ur	DO NOT WRITE IN THIS SPACE			
City & Steepe AN DO FL		City & STOPLANDU PL		4. FE Nember PO 100000000000000000000000000000000000		
² 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Country 15 A	zip3 よをひよ C	country A	5. Certificate of Status Desired		
26.2	6. Name and Address of Current Re	egistered Agent (ORNNOS	7. Name and Address of New Registered Agent		
Nan						
RIVERA, CESAR 7217-7 GATES HEAD CIR			Street Address (Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32822						
~ ~ ~			City	FL Zip Code		
8. The above	named artifus spenits this statement for t	the purpose of changing its regi	stered office or registe.	red agent, or both, in the State of Florida.		
SIGNATURE _	ignature, typed or printed name of registered agent and	d trite if applicable. (NOTE: Reg	istered Agent signature required	d when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing_requirement and elects to do so. (See criteria on back) Tax filing_requirement and elects to do so. See criteria on back			Fee will be \$550.00	Trust Fund Contribution. Adder	00 May Be d to Fees	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change		
TITLE NAME STREET ADDRESS	CESAR KIVERA O 7217-7 BAZES HEAD O ORLANDU R 32	in CRASIBANT	TITLE NAME —STREET ADDRESS CITY-ST-ZIP	C) Griange	Addition 59	
CITY-ST-ZIP	OKKNAMO IC ST	☐ Delete	TITLE	☐ Change	Addition	
NAME	NAA OTT		NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
=TITLE========		Delete	.TITLE	Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change.	. Addition	
CITY-ST-ZIP		☐ Delete	TIME	☐ Change	Addition	
NAME Street address (NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ Delete	TITLE	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CHTY-ST-ZIP	·		
13. I hereby certify that the information stapplied 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 report or supplemental velocities 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 true telephone were director of the corporation or the receiver or true telephone with a particles. Fith all other like empowered.						
SIGNATURE: SIGNATURE AND EXPED ON PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR Date Deptine Prone #						