

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P92000010785 (3)**

1. Corporation Name

**QUALITY CONSTRUCTION CORPORATION**



Principal Place of Business

Mailing Address

4150 SW 137CT  
MIAMI FL 33175  
US

4150 SW 137CT  
MIAMI FL 33175  
US

3. Date Incorporated or Qualified  
**12/10/1992**

3a. Date of Last Report  
**03/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 **7305 S.W. 148 CT.**  
Suite, Apt. #, etc.

26 **7305 S.W. 148 CT.**  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Miami**

28 **Miami**

24 Zip **33193** Country **Dade**

29 Zip **33193** Country **Dade**

4. FEI Number  
**65-0374287**

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

10. Name and Address of New Registered Agent

**RODRIGUEZ, EDEL**  
**4023 SW 138 AVE**  
**MIAMI FL 33175**

81 Name **Rodriguez Edel**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7305 S.W. 148 CT**  
83  
84 City **Miami** FL 85 Zip Code **33193**

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]* **D. Rodriguez Edel** DATE **2/5/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, EDEL</b>
STREET ADDRESS	<b>4023 SW 138 AVE</b>
CITY - ST - ZIP	<b>MIAMI FL 33175</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RIVAS, JOSE</b>
STREET ADDRESS	<b>4150 SW 137 CT</b>
CITY - ST - ZIP	<b>MIAMI FL 33175</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<b>D. Rodriguez Edel</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Rodriguez Edel</b>
1.3 STREET ADDRESS	<b>7305 S.W. 148 CT</b>
1.4 CITY - ST - ZIP	<b>Miami FL 33193</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *[Signature]* **Edel Rodriguez** DATE **2/5/96** 305-793-6146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305-388-0719

CR2E034 (12/95)