

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 # P93000004000 (4)

1. Corporation Name

QUALITY INTERNATIONAL TOURS, INC.



Principal Place of Business

Mailing Address

7370 N.W. 36ST.
NO. 325 D
MIAMI FL 33166

7370 N.W. 36ST.
NO. 325 D
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIA L. OTOYA-KING,
1440 N.W. 110 AVE.
NO. 400
PLANTATION FL 33322

81 Name MARIA L. OTOYA-KING
82 Street Address (P.O. Box Number is Not Acceptable)
1192 FALLS BLVD
83
84 City FT LAUDERDALE FL 85 Zip Code 33327

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the 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
NAME OTOYA-KING, MARIA L
STREET ADDRESS 1440 N.W. 110 AVE. #400
CITY-ST-ZIP PLANTATION FL 33322

1.1 TITLE PD
1.2 NAME OTOYA-KING, MARIA L.
1.3 STREET ADDRESS 1192 FALLS BLVD
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33327

TITLE VD
NAME KING, JEFFREY
STREET ADDRESS 1440 N.W. 110 AVE. #400
CITY-ST-ZIP PLANTATION FL 33322

2.1 TITLE VD
2.2 NAME KING, JEFFREY
2.3 STREET ADDRESS 1192 FALLS BLVD
2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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)(4), 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:

JEFFREY S. KING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

305-477-9777

Date

Daytime Phone #

CR2E034 (12/95)