

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000013118 (3)

1. Corporation Name

QUALIFIELD, INC.



Principal Place of Business

Mailing Address

~~7171 CORAL WAY
SUITE 104
MIAMI FL 33155-1604~~

~~7171 CORAL WAY
SUITE 104
MIAMI FL 33155-1604~~

2. Principal Place of Business

21 **8055 Coral Way**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Miami, Florida**

Zip

24 **33155**

Country

25 **USA**

City & State

27

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**LEE, ROGELIO
7171 CORAL WAY
SUITE #104
MIAMI FL 33155-1604**

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

02/28/1995

4. FEI Number

65-0389606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of Now 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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**P
ROGELIO, LEE
7171 CORAL WAY, SUITE #104
MIAMI FL 33155-1604**

TITLE NAME ☒ DELETE

**VP
GRACIELA ANZOLA
12217 SW 16TH TERRACE, BLDG
MIAMI FL**

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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, unchanged, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96 261-3834

Date

Daytime Phone #

CR2E034 (12/95)