

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P93000019494

1. Corporation Name

QUALITY DIAGNOSTICS, INC.

Principal Place of Business

3900 NW 79 AVE.  
511  
MIAMI FL 33166  
US

Mailing Address

3900 NW 79 AVE.  
511  
MIAMI FL 33166  
US

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90067 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1993

4. FEI Number

65-0396389

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CANLER, ALBERTO  
3900 NW 79 AVE.  
SUITE 511  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

ALBERTO CANLER

82 Street Address (P.O. Box Number is Not Acceptable)

8433 W. OKEECHOBEE RD.

83

2nd Floor Suite D

84 City

HIWALEAH GARDENS FL

85 Zip Code

33016

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

3/22/99

12. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	IAQUINTO, RAQUEL	
STREET ADDRESS	3900 NW 79 AVE, 511	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	CANLER, ALBERTO	
STREET ADDRESS	3900 NW 79 AVE, 511	
CITY-ST-ZIP	MIAMI FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PVTS CANLER, ALBERTO
2.3 STREET ADDRESS	8433 W. OKEECHOBEE RD.
2.4 CITY-ST-ZIP	2nd Floor Suite D. HIWALEAH GARDENS FL, 33016
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 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: ALBERTO CANLER 3/22/99 591 35 85

CR2E034 (11/98)

0242743