FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058530 (5)

QUALITY TRADING CORPORATION

FILED Mar 06 1997 8:00am Secretary of State



\	se of Business	Mailing Address					
5880 MEDINAA ORLANDO FL		5860 MEDINAAH WAY ORLANDO FL 32819-4411					
					3. Date incorporated or Qualified 08/16/1993	3a. Date of La	
2. Principal P	Pace of Business	2a. Mailing Address		***************************************	4. FEI Number	Applied For	
21		26			59-3203091	Not Applicable	
Suite, Apt. #, etc.		Suite. Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
and the control of th		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zφ	Country	Zip	Countr	У	8. This corporation has liability for it		der s. 199.032,
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	· · · · · · · · · · · · · · · · · · ·	30		Florida Statutes 10. Name and Address of New Re	Yes No	
BAL		t negistered Agent	8	Name	TU, Maine and Address of New Ne	gistered Agent	
BALLESTERO, EDWARD 5860 MEDINAH WAY			ļ.,				
	U MEDINATI WAT LANDO FL 32819		82 Street Addr		dress (P.O. Box Number is Not Acceptab	le)	1
UNL	THADO LE 25019		83	3			
			84	City		FL 85	Zip Code
11 Pursuant	la top provisions of Sections 607 050	2 anri 607 1508. Florida Statutos	s the above	/e-named co	rooration submits this statement for the p		ing its registered
office or i agent La	registured agent, or both, in the State am famil ar with, and accept the obliga	of Florida. Such change was au iteris of, Section 607.0505, Flori	ithorized bida Statute	by the corporates.	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointmen	nt as registered
SIGNATURE	Signalise it ped as pointed name of regulation ago	of and title if applicable (NOTE:	Registered A	gent signature req	uired when reinstaling)	DATE	
12.	OFFICERS AND	77.00	13.		ADDITIONS/CHANGES TO OFFIC		
TALE	P	☐ DELETE	1.1 TITLE	Į.		L_] Cha	nge L Addition
NAME	BALLESTERO, EDWARD		1.2 NAME				
STREET ADDRESS	5860 MEDINAH WAY		1	T ADDRESS			
CHY-ST-769	ORLANDO FL 32819 VT	DELETE	14 CITY- 21 TITLE			Cha	nge Addition
NAME	BALLESTERO, BRENDA	La Direction	2 2 NAME				, regulation
STREET ADDRESS				T ADDRESS			1
011Y-S1-7₽	ORLANDO FL 32819			-ST-ZIP			1
T-TLF		DELETE 3.1				☐ Cha	inge Addition
NAME			3.2 NAME				į
STREET ADDIRESS			3.3 STRE	ET ADDRESS			
City+St ZiP			3.4. CITY				
TITLE		☐ DELETE	4.1 TITLE	1		☐ Cha	inge 🔲 Addition
NAME			4. 2 NAM				
STREET ADORESS				ET ADDRESS			
TITLE		DELETE	4.4 CITY- 5.1 TITLE		profit	Cha	ange Addition
NAME		T Medical	5.2 NAMI			_ VIII	
STREET ADDRESS			•	ET ADORESS			
CHTY-S1-ZIP			5.4 CITY]			
TILE		DELETE	6 1 TITLE			Cha	inge Addition
NAM6			6.2 NAM(
STREET ADDRESS			63 STRE	ET ADDRESS			
CITY-ST ZIP			6.4 CITY	ST-ZIP			

14. Lido 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 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CHANGE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97

467-876-2035