SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 AUG 12 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000059928 (0)

1. Corporation Name
TOTAL QUALITY ADVISORS, INC.

Mailing Address
16800 N.W. 2ND AVENUE
SUITE 507
NORTH MIAMI BEACH FL 33179

Principal Place of Business
16800 N.W. 2ND AVENUE
SUITE 507
NORTH MIAMI BEACH FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address [21] 2500 E. HALLANDALE BCH BLVD	2a. Principal Place of Business [26] 2500 E. HALLANDALE BCH BLVD
Suite, Apt. #, etc. [22] SUITE 811	Suite, Apt. #, etc. [27] SUITE 811
City & State [23] HALLANDALE, FL	City & State [28] HALLANDALE, FL
Zip [24] 33009 Country [25] USA	Zip [29] 33009 Country [30] USA

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report:
4. FEI Number: 65-0455131 — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. [illegible] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes — Yes / No

9. Name and Address of Current Registered Agent

WALKER MICHAEL B
777 BRICKELL AVENUE
900 SUN BANK BLDG.
MIAMI FL 33131

10. Name and Address of New 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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	POLESKY GERRY
1.3 STREET ADDRESS	1 NEUMANN WAY 82424
1.4 CITY ST ZIP	CINCINNATI OH
2.1 TITLE	D
2.2 NAME	DIAZ-LACAYO MARVIN M.D.
2.3 STREET ADDRESS	16800 N.W. 2ND AVENUE, SUITE 507
2.4 CITY ST ZIP	NORTH MIAMI BEACH FL 33179
3.1 TITLE	D
3.2 NAME	CRONIN MICHAEL P
3.3 STREET ADDRESS	18376 DRIGGERS AVENUE
3.4 CITY ST ZIP	PORT CHARLOTTE FL 33945
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS

(blank)

14. I do 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 or 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X MARVIN DIAZ-LACAYO, M.D. — 8/8/94 — 305-454-0390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0081338