

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -2 PM 9:10

DOCUMENT # P94000037476 (6)

1. Corporation Name

QUALITY SELECTION, INC.

Principal Place of Business

6292 N.W. 64TH ST.
MIAMI FL 33166

Mailing Address

6292 N.W. 64TH ST.
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1994

3a. Date of Last Report

4. FEI Number

65-0492972

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PEREZA, GELCYS M
10393 S.W. 88TH ST.
APT. U-8
MIAMI-FL 33173

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, 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 of person to be added as registered agent and the if applicable)

(Signature of Registered Agent, signature required when name change)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PRESIDENT	PEREZA GELCYS M	10393 SW 88th St. U-8	MIAMI FL 33173
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	Change	Addition
21 TITLE <td>22 NAME</td> <td>23 STREET ADDRESS</td> <td>24 CITY, ST, ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	☐ Change	☐ Addition
31 TITLE <td>32 NAME</td> <td>33 STREET ADDRESS</td> <td>34 CITY, ST, ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	☐ Change	☐ Addition
41 TITLE <td>42 NAME</td> <td>43 STREET ADDRESS</td> <td>44 CITY, ST, ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	☐ Change	☐ Addition
51 TITLE <td>52 NAME</td> <td>53 STREET ADDRESS</td> <td>54 CITY, ST, ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	☐ Change	☐ Addition
61 TITLE <td>62 NAME</td> <td>63 STREET ADDRESS</td> <td>64 CITY, ST, ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	☐ Change	☐ Addition

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/95

(Typed Name)