FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-27-95

FLORIDA DEPARTMENT OF STATE
B-4675 Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061267 (8)

1. Corporation Name
QUALITY TRAVEL OF MIAMI, INC.

Principal Place of Business	Mailing Address
7370 N.W. 35TH STREET SUITE 325-D MIAMI FL 33166	7370 N.W. 35TH STREET SUITE 325-D MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7370 NW 36TH STREET	26 7370 NW 36TH ST
22 Suite, Apt. #, etc. SUITE 325-D	27 Suite, Apt. #, etc. SUITE 325-D
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33166 25 Country USA	29 Zip 33166 30 Country USA

4. FEI Number: 65-0513412 ☐ 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

9. Name and Address of Current Registered Agent

OTOYA-KING, MARIA
7370 N.W. 35TH STREET
SUITE 325-D
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name OTOYA - KING MARIA
82 Street Address (P.O. Box Number is Not Acceptable) 7370 NW 36TH STREET
83 SUITE 325-D
84 City MIAMI FL 85 Zip Code 33166

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name altered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	OTOYA-KING, MARIA	12 NAME	
STREET ADDRESS	1440 N.W. 110TH AVE. # 400	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	KING, JEFFREY S	22 NAME	
STREET ADDRESS	1440 N.W. 110TH AVE. # 400	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Jeffrey S. King Jeffrey S. King 4-21-95 305-477-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0120394 CP