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04-14-1999 90186 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P94000061267(8)

1. Corporation Name
QUALITY TRAVEL OF MIAMI, INC

Principal Place of Business	Mailing Address
7370 NW 35St NO 325 D MIAMI FL 33166	7370 NW 35St. NO 325-D MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/19/1994

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 7370 NW 36 ST	26 7370 NW 36 ST
Suite, Apt. #, etc. 22 SUITE NO 325-D	Suite, Apt. #, etc. 27 Suite 325-D
City & State 23 MIAMI FL	City & State 28 MIAMI, FL
Zip 24 33166 Country 25 Dade	Zip 29 33166 Country 30 Dade

9. Name and Address of Current Registered Agent
MARIA L. OTOYA-KING
1192 FALLS BLVD
FT. LAUDERDALE, FL 33327

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

12. OFFICERS AND DIRECTORS ☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE PD NAME OTOYA-KING, MARIA L. STREET ADDRESS 1192 FALLS BLVD CITY ST ZIP FT. LAUDERDALE, FL 33327	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
TITLE VD NAME KING, JEFFREY STREET ADDRESS 1192 FALLS BLVD CITY ST ZIP FT. LAUDERDALE, FL 33327	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

CR2E034 (10/97)

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.

SIGNATURE: Jeffrey S. King Jeffrey S. King 4-1-99 305-477-9777
SIGNATURE OF OFFICER OR DIRECTOR Date Daytime Phone #