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

PROFIT CORPORATION ANNUAL REPORT

1997

CI\*Y-\$1-76

information indicated on the Lam an officer or director of appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400064373 (1)

QUALITY EXPRESS SERVICES, INC.

Principal Place of Business Mailing Address P.O. BOX 524393 7190 NW-22 ST MIAMI FL 33152-4393 MIAM! FL 33126 3a. Date of Last Report 3. Date Incorporated or Qualified 08/31/1994 02/27/1996 2. Principal Place of Business 4. FEI Number Applied For 8421 P.O.BOX 65-0516455 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CABRERA, JOSE L 5839 SW 74TH TERRACE Street Address (P.O. Box Number is Not Acceptable) #303 83 **MIAMI FL 33143** AΔ 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 typed or providing to all registered agent and title it appricable. (NOTE: Registered Agent eignature required when re-instating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE -Change Addition 1.1 TITLE TITLE CABRERA, JOSE L NAME 1.2 NAME B39 S.W.74TERRACES 8870 FOLIAFATNISLEAU-BLVD. #512 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33172 1.4 City-ST-7/P CITY-\$1-ZIP DELETE Change Addition TiftE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP City-S1-ZiP Change Addition DELETE 31 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZI-DELETE Change Addition THE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY - ST-7IF DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CATY - ST - ZIP DELETE 61 TITLE ☐ Change Addition THILE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE: Y SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR OF DIRECTOR DIRECTOR

14. I do hereby certify that the intermalion supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6.4 CITY - ST- ZIP

payenort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that which is the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name