

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000076915 (5)

1. Corporation Name

QUALITY SHOPPING, INC.



Principal Place of Business

Mailing Address

3741 N.E. 163RD ST., SUITE 232
NORTH MIAMI BEACH FL 33160

3741 N.E. 163RD ST., SUITE 232
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

2a. Mailing Address

21 7107 NW 50 ST.
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

22 City & State
23 MIAMI FL.

27 City & State
28

24 Zip 33166
25 Country DADE

29 Zip
30 Country

3. Date Incorporated or Qualified

10/17/1994

3a. Date of Last Report

04/13/1995

4. FEI Number

65-0526248

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

10. Name and Address of New Registered Agent

VELEZ, MARTHA
3741 N.E. 163RD ST., SUITE 232
NORTH MIAMI BEACH FL 33160

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)

7107 NW 50 ST.

83

84 City MIAMI FL.

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME VELEZ, MARTHA
STREET ADDRESS 9273 COLLINS AVE., APT. 307
CITY-ST-ZIP MIAMI BEACH FL 33154

☐ DELETE

TITLE D
NAME WARTENBERG, ERNESTO
STREET ADDRESS 9273 COLLINS AVE., APT. 307
CITY-ST-ZIP MIAMI BEACH FL 33154

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

(305) 593-8275

CR2E034 (12/95)