

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 # **P94000082630 (2)**

1. Corporation Name

QUALITY TINT & ACCESSORIES, INC.



Principal Place of Business

**5 EAST LUCY STREET
FLORIDA CITY FL 33034**

Mailing Address

**5 EAST LUCY STREET
FLORIDA CITY FL 33034**

3. Date Incorporated or Qualified

11/10/1994

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**ROQUE, NELSON J
8182 S.W. 190TH STREET
MIAMI FL 33157**

2a. Mailing Address

26

8182 SW 190 STREET

Suite, Apt. #, etc.

27

City & State

28

Miami, FL

29

33157

Country

30

4. FEI Number

65-0533554

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

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 typed or printed name and title of officer or director

Signature typed or printed name and title of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTD

☐ DELETE

NAME

ROQUE, NELSON J

STREET ADDRESS

8182 S.W. 190TH ST.

CITY - ST - ZIP

MIAMI FL 33157

TITLE

VD

☐ DELETE

NAME

NIETO, STEPHEN

STREET ADDRESS

627 NW 4TH ST.

CITY - ST - ZIP

HOMESTEAD FL

TITLE

SD

☐ DELETE

NAME

RUDDEN, THOMAS A

STREET ADDRESS

10865 SW 112 AVE #113

CITY - ST - ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

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)(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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Month/Year

(305) 253-8399

CR2E034 (12/95)