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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

96 SEP 13 PM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000088784 (1)**

1. Corporation Name

QUEST GROUP, INC.

Principal Place of Business	Mailing Address
2600 DOUGLAS ROAD 911 DOUGLAS CENTRE CORAL GABLES FL 33134	2600 DOUGLAS ROAD 911 DOUGLAS CENTRE CORAL GABLES FL 33134

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 12/05/1994	3a. Date of Last Report: 10/16/1995
21	26	4. FEI Number: APPLIED FOR	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

LUSTIG, ROY R ESQ.
2600 DOUGLAS ROAD
911 DOUGLAS CENTRE
CORAL GABLES FL 33134

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 filing Agent and title if applicable (NOTE: Registered Agent signature required when filed separately)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PINTO, MARCUS 4795 SW 8 ST MIAMI FL 33134	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 800001959596 -09/30/96--01029--021 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition A. Alan 9-13-96
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Celia Pinto CELIA PINTO 7/30/96 444-2492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0044851 CP

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Form **SS-4**

(Rev. December [illegible])

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
QUEST GROUP INC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
935 S. SHORE DR

5a Business address (if different from address on lines 4a and 4b)
P O BOX 41-4314

4b City, state, and ZIP code
MIAMI BEACH FLA 33141

5b City, state, and ZIP code
MIAMI BEACH, FL 33141

6 County and state where principal business is located
DADE COUNTY - FLA

7 Name of principal officer, general partner, grantor, owner, or trustor — SSN required (See instructions.) ▶
MARCOS PINTO

8a Type of entity (Check only one box.) (See instructions.)

- ☑ Sole proprietor (SSN) 265 84 3830
- ☐ Partnership
- ☐ REMIC
- ☐ State or local government
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator-SSN
- ☐ Other corporation (specify) ▶
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Trust
- ☐ Federal government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLA — Foreign country:

8c Reason for applying (Check only one box.)

- ☑ Started new business (specify) ▶
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
12/5/94

11 Closing month of accounting year (See instructions.)
12/95

12 First date wages or annuities were paid or will be paid (Mo., day, year) (Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)*) ▶ 12/96

13 Highest number of employees expected in the next 12 months. (Note: *If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)*) ▶ 0

Nonagricultural	Agricultural	Household

14 Principal activity (See instructions.) ▶ HEALTH & BEAUTY AIDS

15 Is the principal business activity manufacturing? ☐ Yes ☑ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☑ Business (wholesale) ☐ N/A
☐ Public (retail) ☐ Other (specify) ▶ + EXPORT

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☑ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(305) 866-1919

Fax telephone number (include area code)
(305) 861-0097

Name and title (Please type or print clearly) ▶

Signature ▶

Date ▶ 2/16/96

Note: *Do not write below this line. For official use only.*

Please leave blank ▶

Geo.	Ind.	Class	Size	Reason for applying

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Q.G.I.
QUEST GROUP INC.

RE: letter P94000088784 9/11/96
Fla. Department of State
Division of Corporations -

Dear Sirs,

Please accept our apologies for further delay -
We were away on vacation in August -
Also we had been waiting for the FEI number which had applied previously by fax -
I called & since they could not acknowledge receipt, were we re-applied -
The best daytime # to reach me is #305-444-2492 or #305-798-6962 -
(I called this past Monday and was told I could get a copy of the application.)
If I need to send another check with a difference due to the delay please call my daytime numbers.

Thank You Very Much,
Celia Leito

I will call to report my new FEI number as soon as it is sent to us!

P.O. Box 414314 Miami Beach, FL 33141 • Phone: (305) 866-1919 Fax: (305) 861-0097