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 # **P95000011332 (0)**

1. Corporation Name
QUALA MED, INC.

Principal Place of Business
4001 S.W. 47TH AVE.
SUITE 201
FT LAUDERDALE FL 33314

Mailing Address
4001 S.W. 47TH AVE.
SUITE 201
FT LAUDERDALE FL 33314

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21 4011 S.W. 47 Ave.
Suite, Apt. #, etc.
22 Suite 1101
City & State
23 Ft. Lauderdale, FL
Zip 24 33314 Country 25 U.S.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0578076 — 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
FIELDS, GEORGE
4001 S.W. 47TH ST.
SUITE 201
FT LAUDERDALE FL 33314

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) of registered agent as of the date of application (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	Fields, George	
STREET ADDRESS	4011 SW 47 Ave., Suite 1101	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	V/D	☐ DELETE
NAME	Cohen, Alan	
STREET ADDRESS	4001 SW 47 Ave., Suite 201	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	V/S	☐ DELETE
NAME	Lodin, Scott	
STREET ADDRESS	4001 SW 47 Ave., Suite 201	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	V/T	☐ DELETE
NAME	Malahias, Angelo C.	
STREET ADDRESS	4001 SW 47 Ave., Suite 201	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	V/D	☐ DELETE
NAME	Hahn, Elliot	
STREET ADDRESS	4001 SW 47 Ave., Suite 201	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	
TITLE	V/D	☐ DELETE
NAME	Chen, Chih-Ming	
STREET ADDRESS	4001 SW 47 Ave., Suite 201	
CITY-ST-ZIP	Ft. Lauderdale, FL 33314	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

600001787806
-04/21/96--01002--009
***200.00

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-19-96

954-584-0300
Daytime Phone #