FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUN -5 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033278

1. Corporation Name
Quality Accounting & General Svcs. Corp.

Principal Place of Business
6555 N.W. 36TH St.
Suite 328
Virginia Gardens, Fl. 33166-6975

Mailing Address
← (SAME)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6555 N.W. 36TH St.
Suite Apt. #, etc.
22 # 328
City & State
23 Virginia Gardens, Fl.
Zip
24 33166-6975
Country
25 U.S.A.

2a. Mailing Address
26 6555 N.W. 36TH St.
Suite, Apt. #, etc.
27 Suite 328
City & State
28 Virginia Gardens, Fl
Zip
29 33166-6975
Country
30 U.S.A.

3. Date Incorporated or Qualified
4/95

4. FEI Number
65-0589345
☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Ricardo Ravelo
6715 W 26TH Drive #204
Hialeah, Fl. 33016-2834

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 Section 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 Ricardo Ravelo (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/VP/T/S	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MILDRED A. CRUZNATAL		12 NAME	700002557597--1
STREET ADDRESS	6715 W. 26TH DR #204		13 STREET ADDRESS	-06/11/98--01123--023
CITY-ST-ZIP	HIALEAH, FL. 33016-2834		14 CITY-ST-ZIP	****150.00 ****150.00
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

TS 6/5

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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 added above or on an attachment with an address.

SIGNATURE: Mildred A. Cruznatal 4/28/98 PRESIDENT (305)870-9670
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #