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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040225 (1)

QUALITY PRODUCT INDUSTRIES, INC.

Principal Place of Business Mailing Address					7.7 G-0400 4.00.00.00.00.00.00.00.00.00.00.00.00.00			JOHO FIOLD 143	
14320 SOUTHY MIAMI FL 3318	WEST 142 AVENUE 16	14320 SOUTHWEST 142 A MIAMI FL 33186-6750	14320 SOUTHWEST 142 AVENUE MIAMI FL 33186-6750						
						3. Date Incorporated or Qualified 05/22/1995		te of Last I 26/1996	Report
	lace of Business	2a. Mailing Address	1			4. FEI Number		A	applied For
Suite, Apt.	# pin	26 Suite Ant # ete	Suite, Apt. #, etc.			65-0582215			lot Applicable
22		<u></u>	27			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Zip Country			8. This corporation has liability for	intaegible	tax under	s. 199.032,
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Cur	rent Registered Agent		آذة		10. Name and Address of New Re	gistered A	(gent	
MORRIS D. SOLOMON				81	Name				
14320 SW 142 AVE MIAMI FL 33186				62	Street Add	dress (P.O. Box Number is Not Acceptable)			
				вз					
			į						
				84	City		FL	B5 Z ip	Code
11. Pursuant to office or reagent. Lai	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and account the ob	0502 and 607.1508, Florida Statute ale of Florida. Such change was e digations of, Section 607.0505, Flo	es, the ab authori≱ed orida State	oove Lby Jes	e-named cor the corpora	poration submits this statement for the pation's board of directors. I hereby accept		changing cintment as	its registered s registered
SIGNATURE	Signature, typed or printed name of registered					ired when reinstating]			
12.		AND DIRECTORS	13.	Age	r i signature requ	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TITLE	PSD	DELETE	1,1 1(1	LE				☐ Change	Addition
NAME	SOLOMON, SUSAN		1.2 NA	ME					
STREET ADDRESS 14320 SOUTHWEST 142 AVENUE			1.3 STREET ADDRESS		ADDRESS				
CITY-SY-ZIP	MIAMI FL 33186		1.4 01	Y - \$1	1 - 7IP				
TITLE	VD	L DELETE	2.1 111	LE				☐ Change	Addition
NAME SOLOMON, MORRIS D			2.2 NAME						
STREET ADDRESS	14320 SOUTHWEST 142 AV MIAMI FL 33188	/ENUE			ADDRESS	6.94 -			
CITY-ST-ZIP TITLE	MIAMI FL 33100	DELETE	2. A CI		ST-ZIP			Change	Asiatiticas
NAME		C Decer	J DELETE 3.1 YITL 3.2 NAN					☐ Change	Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP									
TITLE		DELETE	3.4. CITY-ST-7IP 4.1 TITLE		1 61			☐ Change	Addition
NAME			4. 2 NA				·	- •-	
STREET ADDRESS					ADDRESS				İ
CITY-ST-ZIP			4.4 CIT	Y-S1	T - 7IP				
TITLE		☐ DELETE	5.1 TIT	LE				Change	Addition
NAME			5.2 NAI	ME					
STREET ADDRESS			5.3 ST	RET	ADDRESS				
CITY-ST-ZIP	***		5 4 CIT		I - ZIP				
TITLE		☐ DELETE	611111				ļ	☐ Change	Addition
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
14. Ldo hereb	v certify that the information surp	lind with this filing does not qualify	6.4 Cit	Yer	motion state	d in Section 119.07(3)(i), Florida Statutes	a I further	contifu the	t tho
information	n indicated on this annual report o	er supplemental annual report is tr	ue and a	CCU	rate and tha	t my signature shall have the same lega rt as required by Chapter 607, Florida S	Leffect as	if made ur id that my	ndor authorities