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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000074187 (2)

1. Corporation Name
QUALITY QUEST ENTERPRISES, INC.



Principal Place of Business
450 SW 24 ROAD
MIAMI FL 33129

Mailing Address
450 SW 24 ROAD
MIAMI FL 33129-1949

3. Date Incorporated or Qualified
09/26/1995
3a. Date of Last Report
08/09/1996

4. FEI Number
65-0609307
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

2. Principal Place of Business
21 5086 S. University Dr.
Suite, Apt. #, etc.

2a. Mailing Address
26 5086 S. University Dr.
Suite, Apt. #, etc.

22 City & State
23 Davie, Florida
Zip Country

27 City & State
28 Davie, Florida
Zip Country

24 33328 25 U.S.A.

29 33328 30 U.S.A.

9. Name and Address of Current Registered Agent

SWANSON-RIVERA, HOLLY
450 SW 24 ROAD
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5086 S. University Drive
83
84 City Davie FL 85 Zip Code 33328

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 607.0502, Florida Statutes.

SIGNATURE: *Holly Swanson-Rivera* DATE: 4/28/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	0	DELETE
NAME	SWANSON-RIVERA, HOLLY	
STREET ADDRESS	450 SW 24 ROAD	
CITY- ST- ZIP	MIAMI FL 33129	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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

1.1 TITLE	Change	Addition
1.2 NAME	Swanson-Rivera, Holly	
1.3 STREET ADDRESS	5086 S. University Dr.	
1.4 CITY- ST- ZIP	Davie, FL 33328	
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		

14. I do 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, on an attachment with an address.

SIGNATURE: *Holly Swanson-Rivera* DATE: 4/28/97 DAYTIME PHONE: 789-3566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)