APR-29-1997 14:25 ANGEL D. CORDOVA & CO. 305 445 5105 P.01

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P95000083263

1. Corporation Name
QUALITAS HEALTH MANAGEMENT INC.

Principal Place of Business
1150 N.W. 72nd AVE
SUITE 450
MIAMI FL 33126

Mailing Address
P.O. BOX 521742
MIAMI FL
33152-1742

3. Date Incorporated or Qualified: 10-31-95
3a. Date of Last Report:

2. Principal Place of Business
21: 1150 NW 72nd AVE
22: Suite, Apt. #, etc.: SUITE 458
23: City & State: MIAMI FL
24: Zip: 33126
25: Country: US

2a. Mailing Address
26: P.O. BOX
27: Suite, Apt. #, etc.: SUITE 458
28: City & State: MIAMI FL
29: Zip: 33126
30: Country: US

4. FEI Number: 65-0624802
☐ 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
JOSE P. REDONDO PHD.
1150 N.W 72nd AVE
SUITE 450
MIAMI FL 33126

10. Name and Address of New Registered Agent
91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City: FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Pres. Jose P. Redondo 4/21/97
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent's signature required when name changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JOSE P REDONDO PHD. 1150 NW 72nd AVE SUITE 450 MIAMI FL 33126	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT - SECRETARY JOSE P REDONDO PHD 1150 N.W 72nd AVE SUITE 450 MIAMI FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT FERNANDO VALVERDE 160 LEUCADENDRA DR. CORAL GABLES FL 33156	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRESIDENT - TREASURY RENE VALVERDE 801 PARMA AVE CORAL GABLES FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY RENE VALVERDE 801 PARMA AVE CORAL GABLES FL 33146	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

05/15/97

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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, or on an attachment with an address.

SIGNATURE: JOSE P REDONDO PH.D. Pres. 4-28-97 (305) 591-1919
Name and title of individual who delivers form on behalf of corporation (if different) Date Daytime Phone #