SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000093443 (6) QUALITY LANDSCAPING & MAINTENANCE INC. Principal Place of Business Mailing Address 8001 NW 175 ST. 8001 NW 175 ST. MIAMI FL 33015 MIAMI FL 33015 3a. Date of Last Report 3. Date incorporated or Qualified 12/08/1995 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 65-062 4306 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #. etc Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 This corporation has fiability for intangible tax under s. 199.032 Country Country 710 Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GARCIA, LUIS 8001 NW 175 ST. **B2** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 83 85 Zip Code 84 City 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. [:A<sup>†</sup>E SIGNATURE (NOTE: Registered Agest signature required when remotaling) Signature, typed or preced name of regulered agent and tile if applicable (3/96)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition DELETE DP 1.111116 TITLE CR2E034 1.2 NAME GARCIA, LUIS NAME 8001 NW 175 ST. 1.3 STREET ADORESS STREET ADDRESS MIAMI FL 33015 14 CITY-ST-ZIP CITY-SI-ZIP Change Addition DELETE 217/16 TITLE DST 2.2 NAME NAME GARCIA, ANALIA 2.3 STREET ADDRESS 8001 NW 175 ST. STREET ADDRESS 2 4 CITY - ST - ZIP **MIAMI FL 33015** CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TILLE TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP CITY ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 it made under oath; that I am an officer or direction or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my representation of the processor is Plack 13 is phased or corner of the processor.

that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE: