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

Mailing Address 2499 GLADES RD

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

2499 GLADES RD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093546 (6)

QUALITY SECRETARIAL SERVICES, INC.

SUITE 305A SUITE 305A BOCA RATON FL 33431-7209 **BOCA RATON FL 33431** 3a. Date of Last Report 3. Date incorporated or Qualified 05/01/1996 12/08/1995 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Numbe 65-0626240 Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country intangible tax under s. 199.032. $Z_{\rm IP}$ Country Zip 8. This corporation has liability for ☐ No Florida Statutes Yes 29 30 24 10. Name and Address of New Flegistered Agent Name and Address of Current Registered Agent 81 Name MILLER, JOHN P 2499 GLADES RD 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 305A 83 **BOCA RATON FL 33431** 84 Zip Code 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 607.0505, Florida Statutes. SIGNATURE Signature: typied or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.3 TITLE THILE **REGINA DA SILVA** 1.2 NAME NAME 17011 NBAY Rd 716 3800 NE-168TH ST #605 1.3 STREET ADDRESS STREET ADDRESS N. Miami, Fl 33160 NORTH MIAMI-FL 1.4 CITY-ST-ZIP CITY - ST - ZIF Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 3.1 TITLE THILE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City-St-ZiP CITY-ST-7iP Change Addition DELETE 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 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-SI-7IF Addition Change DELETE 6.1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** 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

Regima Wa Gaba REGINA CIDA SILVA