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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000010335 (3)

QUICK \$ EASY BUSINESS SOLUTIONS, INC.

Principal Place of Business

Mailing Address

FILED May 19 1998 8:00am Secretary of State



13752 8W 1 MIAM FL 33					3752 SW 152ND ST													
MILWILL OF	IAMI FL 33177 MIAMI FL 33177									DO NOT WRITE IN THIS SPACE								
										3. Date Incorporated or Qualified								\neg
Change of Galler. 2. Principal Place of Business 2a. Malling Address 21 1/223 SW/52 S/ 26 1/223 SW/52 S/											/29/19							
2. Principal Place of Business					2a. Mailing Address					4. FEI Number						Ar	plied For	\Box
21 /1223 SW/52 ST				26	26 11223 SW152					5√ 65-0637657						Not Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						5. Cert	ific ate o	f Statu	s Desire	d \square	•		Additional	
City & State					City & State											Fee Re	··-	4
	IMMI FL.				28 MIAMI P					6. Election Campaign Financing Trust Fund Contribution						\$5.00 May Be Added to Fees		
Zip	Country				Zip Cou									as paid th				\dashv
24 33/	57	25 24.	D€_	29					DABE					June 30.	₽ Ye] No	
	9, Name	and Address	of Current	Regist	ered Agent					10. Name and Address of New Registered Agent								
S/	81	Name			Th	ر (رو	La	me	ر									
11223 SW 152ND ST								Street Address (P.O. Box Number is Not Acceptable)									ᅱ	
M	IAMI FL 331	157			83											_		
							84	City							FL 85	Zip	Code	\exists
11. Pursuant	to the provis	ions of Section	s 607.0502	and 60	7.1508, Florida Stat	utes, th	ne abov	e-named	l corpoi	ration sub	mits this	s stater	ment for			nging it	s registere	0
office or	regi ste red ag am f ami liar wi	jent, or both, in ith, and accept	i the State i t the obliga	of Florida tions of	07.1508, Florida Stat a. Such change wa Section 607.0505, l	s autho Florida	rized by Statute	y the cor	poratio	n's board	of direc	tors. I	hereby a	accept the	appointn	nent as	registered	
SIGNATURE					,													
SIGNATORE	Signature, lypod	or pointed name of	registered ager	Land little if	fapplemble (N	OTE: Regi	istered Ag	ent signatur	e required	when re-nsta	iting)			DA	ME			-
12.	OFFICERS AND								· · · · · · · · · · · · · · · · · · ·					OFFICERS			S IN 12	
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I hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or experience 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 in the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.