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
97 JAN 27 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96 —— 27604

1. Corporation Name
Best Quality Medical Services, Inc.

Principal Place of Business
6955 N.W. 77 Avenue
Suite # 408-A
Miami, FL. 33166

Mailing Address

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21 Same
22 Suite, Apt. #, etc.
23 City & State
24 Zip | 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip | 30 Country

4. FEI Number
65-0653796
☐ 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

8. Name and Address of Current Registered Agent

Rosa Perret
7755 W. 30 ct. Apt #110
Hialeah, FL. 33016

10. Name and Address of New Registered Agent

81 Name: Leyani Lima
82 Street Address (P.O. Box Number is Not Acceptable): 8866 N.W. 114 TERR.
83: 1
84 City: Hialeah Gardens, FL 85 Zip Code: 33018

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: Leyani Lima — Leyani Lima — 1/16/97
(Typed or printed name of registered agent and title if applicable) (NOTE: Signature of Agent signifies acceptance of appointment) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER & DIRECTOR ROSA Perret 7755 W. 30 ct. Apt # 110 Hialeah, FL. 33016	☒ DELETE
		☐ DELETE
		☐ DELETE
		☐ DELETE
		☐ DELETE
		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD OFFICER & DIRECTOR LEYANI LIMA 8866 N.W. 114 TERR. HIALEAH GARDENS, FL 33018	☒ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	MWB 1-27-97	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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*****190.00 *****190.00

CR2E034 (9/96)

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 added by attachment, with an address.

SIGNATURE: Leyani Lima — Leyani Lima — 1/16/97 — (305)825-0426
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #