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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **P96000037765 (0)**

1. Corporation Name
**QUAD 'A' SOLUTIONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 420 NW 202ND TERRACE<br>MIAMI FL 33169 | 420 NW 202ND TERRACE<br>MIAMI FL 33169-2415 |

3. Date Incorporated or Qualified: 04/26/1996
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc. 22: 7911 NW 167 Terrace
City & State 23: Miami FL
Zip 24: 33016 Country 25: USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27: 7911 NW 167 Terrace
City & State 28: Miami FL
Zip 29: 33016 Country 30: USA

4. FEI Number: 65-066-5837 ☐ 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
SR TRIPLETT, ALPHONSO
~~420 NW 202ND TERRACE~~ 7911 NW
MIAMI FL 33169

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7911 NW 167 Terrace
83
84 City Miami FL 85 Zip C 33

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 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 agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Alphonso Triplett SR President — DATE: APR 15 19
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | PRESIDENT | ☐ Chang |
| NAME | SR TRIPLETT, ALPHONSO | | 1.2 NAME | | |
| STREET ADDRESS | 420 NW 202ND TERRACE | | 1.3 STREET ADDRESS | 7911 NW 167 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33169 | | 1.4 CITY-ST-ZIP | MIAMI FL 33016 | |
| TITLE | | ☐ DELETE | 2.1 TITLE | VICE PRESIDENT/GENERAL MGR | ☐ Chan |
| NAME | | | 2.2 NAME | YVONNE E. SEMIDEY | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 420 NW 202 TERRACE | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Alphonso Triplett SR President (305)