05-01-1999 90080 002 \*\*\*158.75



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000051743

1. Corporation Name

QUALITY MANAGEMENT NORTH AMERICA, INC.

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Principal Place	e of Rusiness	Mailing Ad	dress									LI MITAT ITALE T		
7221 SW 59TH ST			6800 SW 40TH ST											
WEST ARIUM		STE 405												
MIAMI FL 33143			MIAMI FL 33155				DO NOT WRITE IN THIS SPACE							
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2. Principal Pl	lace of Business	2a. Mailing	Address					Number	•				Applied Fo	
21]		26					20	6-06873 <u>5</u>	5				Vot Applic	
Suite, Apt.	#, etc.	<del>-</del>	Apt. #, etc.				5. Ce	rtifcate of S	tatus Desir	ed		•	Addition Required	al
22		27 City 8					<del></del>							$\dashv$
City & State	e	City &	State					ction Camp est Fund Co	-	cing			May Bod to Fees	
23	Country	28   Zip		Country				is corporation			t vone le		4 (0 ) 003	
	25	29	3	¬ '	•			rsonal Prop		Conten	t year n	Yes	□No	
24	9. Name and Address of			<u> </u>				me and Ad		lew Re	pistered			
	o. Mario una Address or		<del>2</del>	81	Na	ne								
WAR	rd, keith			<u> </u>	<u> </u>				4 4 1 1 1					
8585	SUNSET DRIVE			82	Ştr	et Addre	ess (P.O.	Box Numbe	r is Not Ad	ceptabl	e)			
WES	ST ATRIUM			83										
MIAN	VII FL 33143			L										
				84	Cit	,					FI	85   Zi	p Code	
11 Dureuant	to the provisions of Sections 6	\$07.0502 and 607.1508	Florida Statutes	the abov	e-nan	ed corno	oration su	hmits this s	tatement fo	r the pu	irnose d	f changing	ts registe	red
11. Pursuani	to the provisions of Sections of	e State of Florida. Such	change was aut	, trie abov	the	orporatio	n's board	of directors	. I hereby	accent t	ho sone	nintment as	registered	1
office of r	egistered agent, or both, in the			lonzed by	ane c					accept	nie app	.,,		^ I
agent. I a	m familiar with, and accept the	e obligations of, Section	607.0505, Florid	la Statutes	S.					accept	ис арр	J		
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14. I 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 acculate 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 of an attachment with an address with 11 other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP