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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

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Apr 25 1997 8:00am

Secretary of State

0263357

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000052836 (9)

GLOBAL QUALITY SERVICES, INC.

Principal Place of Business Mailing Address 2790 NE 56 CT. 2790 NE 56 CT. FT. LAUDERDALE FL 33308-2712 FT. LAUDERDALE FL 33308 3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65 06829*5*9 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, 25 29 Yes No 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DRUDING, VICTORIA 2790 NE 56 CT. Street Address (P.O. Box Number is Not Acceptable) 62 FT. LAUDERDALE FL 33308 83 64 City Zip Code A5 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. Jam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typical 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 (96/6) OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE DRUDING, VICTORIA L NAME 1.2 NAME 2790 NE 56 CT. STREET ADORESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308 14 City-ST-ZIP CiTY-S1-ZIP Addition DELETE 2.1 TITLE Change HILL 2.2 NAME NAME 2.3 STREET ADDRESS STHEET ADDRESS DITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE (hange Addition 3.1 Table THILE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIP 34. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP CHY-ST-ZIF DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY - \$1 - ZIP 14. Ido 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 eath; 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 apprais in Brock 12 or Block 13 or Ghapter 6 or on an attachment with an address.