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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006919 (9)

QUALITY ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
2881 NE 32ND ST #219 FT LAUDERDALE FL 33306	2881 NE 32ND ST #219 FT LAUDERDALE FL 33306

FILED May 11 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			NAME OLISSE SESSE CADAD COM SEMI	
2881 NE 32ND ST #219 2881 NE 32ND ST #219 FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306			DO NOT WRITE IN THI	S SPACE		
				3. Date Incorporated or Qualified 01/17/1997	'	
2. Principal P	lace of Business	2a. Mailing Address	- 0 4.	4. FEI Number	Applied For	
21 Ft./	nuderable.	26 2881 NE3	and St.	65-0722629	Not Applicable	
Suite, Apt.	#, elc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City R State	614	City & State	<u> </u>		Fee Required	
23/7./10	durable F1.	28 Ft Audura	late F1.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 353	25 Country CA	29 3330-6 3	Country OSA	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible Yes No	
	9. Name and Address of Curren	Registered Agent	201	10. Name and Address of New Registere	d Agent	
	SS, DANIEL G		81 Name			
	10001 NW 50TH ST #204 SUNRISE FL 33351			Address (P.O. Box Number is Not Acceptable)		
30	MUNDE LE 2000 I		83			
,a			24			
}			84 City	Fi	L 85 Zip Code	
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						
12,	Signature, typed or printed name of registered ager OFFICERS AND		logistered Agent signature require 13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIDECTORS IN 12	
TITLE	President -	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition	
NAME	JAMES A. SAAG	14	1 2 NAME		_ , _	
STREET ADDRESS	2081 NE 32015t#	219	13 STREET ADDRESS			
CITY-ST-ZIP	Ft. (widerala) - I	₁₄ 33300	14 C(TY-ST-ZIP			
TITLE	1 1 - 100 MAIS I	M 1 200 TI DELLETE	21 TITLE		Change Addition	
NAME Street address			2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		DELETE	31 HTLF		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		j	
CITY-ST-ZIP		- October	3.4. CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME Street address			4.2 NAME 4.3 STREET ADDRESS			
CITY-\$1-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		J	
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		j	
14. I hereby o	ertify that the information supplied wit	h this filing does not qualify for t	6.4 City-St-ZiP	Section 119.07(3)(i), Florida Statutes, I further of	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 it changed, or on an advertise and that my name appears in Block 12 or Block 13 it changed, or on any attachment with an address.