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FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000056730 (9)

1. Corporation Name

LP QUALITY SERVICES, INC.



Principal Place of Business

18840 N.W. 57TH AVENUE, #201
HIALEAH FL 33015

Mailing Address

POST OFFICE BOX 174157
HIALEAH FL 33017-4157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

2. Principal Place of Business

21 18978 NW 57TH AVE

Suite, Apt. #, etc.

22 108

City & State

23 Hialeah

Zip

24 33015

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

28 City & State

Zip

29

Country

30

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LORA, ERNESTO
18840 N.W. 57TH AVENUE, #201
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name LORA, ERNESTO

82 Street Address (P.O. Box Number Is Not Acceptable)

18978 NW 57TH AVE #108

83

84

City

Hialeah

FL

85

Zip Code

33015

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Ernesto Lora

STREET ADDRESS 18978 NW 57th Ave #108

CITY-ST-ZIP Hialeah, FL 33015

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME V. President.

1.3 STREET ADDRESS BERK'S LORA

1.4 CITY-ST-ZIP 18978 NW 57th Ave #108

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Hialeah, FL 33015

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

3/4/98

3053 620-8947
623-1923

CR2E034 (10/97)