

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**May 31, 2000 8:00 am
Secretary of State**

05-31-2000 90049 030 ***150.00

DOCUMENT # *P97 - 000100302*
 1. Entity Name: *Q Edu Records Enterprises, Inc*
 Principal Place of Business: *116 NE. 162 St. N. Miami Beach, Fla. 33162*
 Mailing Address: *205 N. W. 27 Ave # 26
 Mia. Fla. 33125*

Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <i>05-0802770</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<i>Manuel V. Charles 116 NE. 162 St. N. Miami Beach, Fla. 33162</i>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				FL	Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Manuel Charles*
 Signature (Typed or printed name of registered agent is not applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<i>No 10</i>	<input type="checkbox"/> Delete <i>Manuel V. Charles 116 NE. 162 St. N. Miami Beach, FL 33162</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete <i>María Isabel Nunez Same address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Manuel Charles* *4/30/00*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #