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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 24 AM II: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100968 (1)

1. Corporation Name
TOTAL QUALITY MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
% DAVID E. MARKO, ESO. 2 S. BISCAYNE BLVD., #2600 MIAMI FL 33131-1802	% DAVID E. MARKO, ESO. 2 S. BISCAYNE BLVD., #2600 MIAMI FL 33131-1802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21 8350 N.W 52nd Terr.	26 8350 NW 52nd Terr.	65-0384526	

Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22 103	27 103	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State	City & State	
23 miami, FL	28 Miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip	Country	Zip	Country	
24 33166	25	29 33166	30	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	10. Name and Address of New Registered Agent
MARKO, DAVID E 2 S. BISCAYNE BLVD., #2600 MIAMI FL 33131-1802	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE PD ☐ Change ☒ Addition 1.2 NAME Aida Salazar 1.3 STREET ADDRESS 4975 S.W. 87 Ave 1.4 CITY-ST-ZIP miami, FL 33176
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE VP,S,T,D ☐ Change ☒ Addition 2.2 NAME Nelson Salazar 2.3 STREET ADDRESS 8350 NW 52 Terr., Suite 103 2.4 CITY-ST-ZIP miami, FL 33166
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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****150.00   ****150.00
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CR2E034 (10/97)

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