SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON ~~OR BEFORE~~ 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 19 PM 12:36
~~SECRETARY OF STATE~~
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010253

1. Corporation Name
QUALITY INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
1512 W FLAGLER ST. STE 201 MIAMI FL 33135	1512 W FLAGLER ST. STE 201 MIAMI FL 33135

REINSTATEMENT 99-00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1998

2. Principal Place of Business
21 1562 E 4 AVE
Suite, Apt. #, etc.: 22
City & State: 23 HIALEAH FLA.
Zip: 24 33010 Country: 25 DADE

2a. Mailing Address
26 1562 E 4 AVE
Suite, Apt. #, etc.: 27
City & State: 28 HIALEAH FLA.
Zip: 29 33010 Country: 30 DADE

4. FEI Number: 65-0814282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEL PRADO, GUILLERMO A
1512 W FLAGLER ST, STE 201
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: GUILLERMO A. del Prado
82 Street Address (P.O. Box Number is Not Acceptable)
83: 81 SW 134 Ct.
84 City: MIAMI FL 85 Zip Code: 33184

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: Maria E. Palacios — F1009015 — 3-7-00
Signature, typed or printed name of registered agent and title if applicable. (Signature of registered agent required if changing registered agent.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PTD DEL PRADO, GUILLERMO A 1512 W FLAGLER ST, STE 201 MIAMI FL 33135 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition 600003223336--7 -04/25/00--01081--003 *****61.25 *****61.25
	S DEL PRADO, ALINA 1512 W FLAGLER ST, STE 201 MIAMI FL 33135 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition 600003223336--7 -04/25/00--01081--004 ****600.00 ****600.00
	AGENT MARIA Elena Palacios 19891 NW 57 ct MIAMI FL 33015 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition 600003223336--7 -04/25/00--01081--005 *****88.75 *****88.75
	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition 02/23/99 90N7 026 150.00

REINSTATEMENT 99-00

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 added by amendment with an address.

SIGNATURE: [signature] 4/13/2000 305 625-6178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] 3/7/00 305-805-2210

CR2E034 (5/99)