

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
Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90001 005 ***158.75

DOCUMENT # **P98000100067**

1. Corporation Name

QUALITY CLAIM CONSULTANTS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

**804 SW 114TH PLACE
SUITE A
MIAMI FL 33173**

**6804 SW 114TH PLACE
SUITE A
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1998

4. FEI Number

65-0936063

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

2. Principal Place of Business

2a. Mailing Address

1: 8900 Coralway #200

26: same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2: #200

27:

City & State

City & State

3: Miami FL

28:

Zip

Country

Zip

Country

4: 33173

25:

USA

29:

30:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOMINGUEZ, NANCY
6804 SW 114TH PLACE
SUITE A
MIAMI FL 33173**

81 Name

N/A

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

TITLE **President** ☐ DELETE

NAME **Nancy A Dominguez**

STREET ADDRESS **6804 SW 114th Place, A**

CITY-ST-ZIP **Miami, FL 33173**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President** ☐ Change ☒ Addition

1.2 NAME **Magdalena Martinez**

1.3 STREET ADDRESS **861 East 17th Street**

1.4 CITY-ST-ZIP **Hialeah, FL 33010**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Nancy A Dominguez

8/31/99

305-228-4898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

Quality Claim Consultants of Florida

Paralegal and Public Adjusting Research Services

Investigation, Research and Resolution of Property Damage Claims

8900 Coral Way, Suite 200
Miami, Florida 33165

Email: Claims2pay@aol.com

Phone: 305-228-4898

Fax: 305-228-4819

August 31, 1999

P98000100067
612047-90001-5

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Annual Report Filing for Quality Claim Consultants of Florida

Dear Sirs/Madams:

Please be advised that I did not receive my original Annual Report Packet for this year. I opened my corporation at the end of last year and our company moved in June to the address listed above. I recently received the second notice for the annual report filing fee.

I want to make sure that our corporation abides by the filing requirements set forth by the Secretary of State and that everything is filed on a timely basis. In an attempt to properly file our annual report, we previously submitted a document from another corporation which was completed with our information. Unfortunately, the document was rejected and our check was returned to us. I am hereby requesting that the late fee of \$400.00 be waived based on the above described circumstances.

As such, I am enclosing the properly executed, (second notice) Annual Report along with the filing fee of \$158.75. Please forward a Certificate of Status for our records. Please let me know if these papers are in order.

Thank you for your attention and cooperation.

Very truly yours,

QUALITY CLAIM CONSULTANTS of FLORIDA


Nancy A. Dominguez
Licensed Public Adjuster

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