

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90001 030 ***150.00

DOCUMENT # **P980000101813**

1. Corporation Name

Quality Financial Investment Corp.

Principal Place of Business

Mailing Address

**8900 SW 107 AVE
STE # 301
Miami, FL 33176**

**8900 SW 107 AVE
STE # 301
Miami, FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Dec 8, 1998

Applied For
Not Applicable

2. Principal Place of Business

21 8900 SW 107 AVE

2a. Mailing Address

26

4. FEI Number

65-0881035

Suite, Apt. #, etc.

22 301

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Miami FL

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33176

Country

Zip

29

Country

30

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NUNZIO PULIGNANO
1450 MADRUGA AVE # 410
CORAL GABLES, FL 33146**

81 Name

NUNZIO PULIGNANO

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

8900 SW 107 AVE # 301

83

84 City

Miami

FL

85 Zip Code
33176

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 **VPIB** ☒ DELETE
NAME **MONICA Denyer-Pulignano**
STREET ADDRESS **1450 MADRUGA AVE # 410**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

1.1 TITLE **VPIB** ☐ Change ☒ Addit
1.2 NAME **Jessica E. Wendorf**
1.3 STREET ADDRESS **8900 SW 107 AVE # 301**
1.4 CITY-ST-ZIP **Miami FL 33176**

TITLE **PT** ☐ DELETE
NAME **NUNZIO PULIGNANO**
STREET ADDRESS **1450 MADRUGA AVE # 410**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

2.1 TITLE **P** ☒ Change ☐ Addit
2.2 NAME **NUNZIO PULIGNANO**
2.3 STREET ADDRESS **8900 SW 107 AVE # 301**
2.4 CITY-ST-ZIP **Miami FL 33176**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addit
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addit
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addit
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addit
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, with all other like empowered.

SIGNATURE: **Luigi Pulignano**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99 **305-4121012**
Date Daytime Phone #

Pq8000101813
580493-90001-30

QUALITY FINANCIAL INVESTMENT
CORP.

8900 S.W. 107 AVE. SUITE 301
MIAMI, FL. 33176


June 22, 1999

Division of Corporations
409 E. Gaines Street
Tallahassee, FL. 32399

To Whom It May Concern:

Enclosed please find the following application for the change of officers and a check for the filing fee of \$150.00. We never received the annual report. Please refer to your records it will indicate that it was sent back to your office.

Sincerely,


Nunzio Pulignano
President