

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

10/2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 AUG -6 AM 11:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S30437 (5)
 1. Corporation Name
RQM CORPORATION



Principal Place of Business 5209 NW 74TH AVE., SUITE 224 MIAMI FL 33166 US	Mailing Address 5209 NW 74TH AVE, SUITE 224 MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	25 Country
	29 Country
	30

3. Date Incorporated or Qualified 02/08/1991	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0242753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**QUIROS, ROBERTO J.
 12892 S.W. 61ST STREET
 MIAMI FL 33183**

10. Name and Address of New Registered Agent

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

TITLE	P <input type="checkbox"/> DELETE
NAME	QUIROS, ROBERTO J.
STREET ADDRESS	12892 S.W. 61ST STREET
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	100002263071--8
3.3 STREET ADDRESS	-08/11/97--01069--005
3.4 CITY-ST-ZIP	***165.00 ***165.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 **SIGNATURE REQUIRED** **7 20 97** **305-108-2535**

CR2E034 (4/97)

Handwritten signature

20P2

RQM CORPORATION

5209 N.W. 74th Avenue
Suite # 224
Miami, FL 33166

Tel: (305) 591-3535
Fax: (305) 591-3837

July 30, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Reference: Document # S30437

Dear Sirs:

I am writing to you in regards to our Annual Report. I always receive the renewal and I send it out before the deadline, this year however we only received the 2nd notice which includes a fine for not filing by the due date. This year has been somewhat difficult for us, we have had problems with employees and business in general, I know it is my responsibility to make sure the payment goes out on time, but as you can see in our payment history we have always paid within the due date. This year because of circumstances beyond my control we did not pay the Annual Report on time, I would like to ask if you would please accept our payment of \$ 165.00 which is the fee due for the year and remove the penalties, it would be greatly appreciated and the following year I will make sure if we do not receive our annual Report renewal again by February to call and find out.

If you need further information, please feel free to call me. Thanking you in advance for your prompt attention to this matter and look forward to hearing from you soon.

Sincerely,



Judith Miro