

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V01882 (2)

1. Corporation Name

QUALITY MANAGEMENT RESOURCES, INC.

Principal Place of Business

Mailing Address

54 NW 40 STREET
MIAMI FL 33127
US

% CORNELIUS SHIVER, ESQ.
103 GRAND AVE
MIAMI FL 33133



3. Date Incorporated or Qualified
12/19/1991

3a. Date of Last Report
07/17/1995

2. Principal Place of Business
21 54 NW 40 Street

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami, FL

Zip 33127

Country USA

Zip

Country

29

30

4. FEI Number

65-0331120

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIVER, CORNELIUS
103 GRAND AVENUE
~~RENTHOUSE ONE~~
MIAMI FL 33133

81 Name

SHIVER, CORNELIUS

82 Street Address (P.O. Box Number is not acceptable)

103 Grand Avenue

83

84 City

Miami

FL

85 Zip Code

33133

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 of principal or person in charge of registered agent and one of applicable

(If not, Registered Agent signature required when not principal)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	RAMOS, CARMEN M	54 NW 40 STREET	MIAMI FL	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DP	Ramos, Carmen M	54 NW 40 Street	Miami, FL 33127	☐	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carmen M. Ramos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN M. RAMOS

7/23/96

305-5733243

CR2E034 (3/96)