FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V06472 (7)

1. Corporation Name
QUALITY RESTORATION SERVICE CORP.

Principal Place of Business: 7012 S.W. 13 STREET, MIAMI FL 33144

Mailing Address: 7012 S.W. 13 STREET, MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1992
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: 65-0306905 ☐ 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

CONCEPCION, IRMA
2641 S.W. 92 CT.
MIAMI FL 33144

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable)
City: FL 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONCEPCION, IRMA
STREET ADDRESS	2641 S.W. 92 CT.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	CONCEPCION, JUAN J.
STREET ADDRESS	2641 S.W. 92 CT.
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank)

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)(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] JUAN J CONCEPCION 3/31/95 266-7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187304 CP