

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT #. P97000093631 (4)
 1. Corporation Name
QUALITY IMPROVEMENTS, INC.



Principal Place of Business Mailing Address
 10945 SW 48TH ST MIAMI FL 33165
 10945 SW 48TH ST MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
 21 10945 SW 48 st 26 10945 SW 48 st. 10/31/1997
 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For
 22 House 27 House 65-0822177 Not Applicable
 City & State City & State 5. Certificate of Status Desired \$8.75 Additional
 23 Miami, Fla. 28 Miami, Fla. Trust Fund Contribution Fee Required
 Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be
 24 33165 25 U.S. 29 33165 30 U.S. Trust Fund Contribution Added to Fees
 8. This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
 NUNEZ, RUDOLFO 81 Name Jose W. Gonzalez
 502 E PARK AVE 82 Street Address (P.O. Box Number is Not Acceptable)
 TALLAHASSEE FL 32301 502 E Park Av
 83
 84 City Tallahassee FL 85 Zip Code 32301

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 Jose W. Gonzalez Jose W. Gonzalez 4-5-98
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointed) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | President <input type="checkbox"/> DELETE | 1.1 TITLE | Agent P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | José Gonzalez | 1.2 NAME | José Gonzalez |
| STREET ADDRESS | 10945 SW 48 st | 1.3 STREET ADDRESS | 10945 SW 48 st |
| CITY-ST-ZIP | Miami, Fla 33165 | 1.4 CITY-ST-ZIP | Miami, Fla 33165 |
| TITLE | Registered agent <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rudolfo Nunez | 2.2 NAME | |
| STREET ADDRESS | 502 E Park Av | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Tallahassee Fl. 32301 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: [Signature] 4-5-98 (305) 274-9970

CR2E034 (10/97)

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