

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000002550

**Entity Name:** QUALITY ENTERPRISES USA, INC.

**Current Principal Place of Business:**

3894 MANNIX DRIVE  
STE 216  
NAPLES, FL 34114-5406

**Current Mailing Address:**

3894 MANNIX DRIVE  
STE 216  
NAPLES, FL 34114-5406 US

**FEI Number:** 54-0947002

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MURRELL, HOWARD JJR.  
Address 3894 MANNIX DRIVE STE 216  
City-State-Zip: NAPLES FL 34114-5406

Title VPD  
Name MURRELL, JOHN  
Address 208 TINTERN COURT  
City-State-Zip: CHESAPEAKE VA 23320

Title ST  
Name MURRELL, STACEY  
Address 3894 MANNIX DRIVE STE 216  
City-State-Zip: NAPLES FL 34114-5406

Title O  
Name AUGUSTIN, RONALD E  
Address 208 TINTERN COURT  
City-State-Zip: CHESAPEAKE VA 23320

Title VP  
Name GAUDIO, LOUIS J  
Address 3894 MANNIX DRIVE STE 216  
City-State-Zip: NAPLES FL 34114-5406

Title OFFICER  
Name MURRELL, ALLISON B  
Address 3894 MANNIX DRIVE  
STE 216  
City-State-Zip: NAPLES FL 34114-5406

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOWARD J. MURRELL, JR

**PRESIDENT**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date