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Sanchelima & Associates, P.A.

Attorneys at Law

Patent, Trademark & Copyright Law

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October 17, 2000

Secretary of State Trademark Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Mark Registration Application for:

QUATECON CORPORATION and Design

Applicant: Quatecon, Corporation

Our File No: 20613

Dear Sir/Madam:

Enclosed please find a Florida application, specimens and our check in the amount of \$87.50 to cover the filing fees.

Kindly send the certificate and all correspondence to our office located at 235 S.W. Le Jeune Road, Miami, Florida 33134-1762.

Also, please acknowledge receipt of this by stamping and returning the enclosed self-addressed, postage-paid card and returning it to our office.

855/762/671

W-25823 Truly yours,

SANCHELIMA & ASSOCIATES, P.A.

Sanchelima, Esq.

file IS:di

Encl: Florida Mark Application, check and postage-paid card

235 SW Le Jeune Road • Miami, Florida 33134-1762

Name Availability Document NJC Examiner Updater NJC Updater NJC Verifyer Acknowledgement NJC W. P. Verifyer NJC



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 26, 2000

JESUS SANCHELIMA, ESQUIRE QUATECON CORPORATION 235 SW LE JEUNE RD. MIAMI, FL 33134-1762

SUBJECT: QUATECON CORPORATION

Ref. Number: W00000025823

We have received your document for QUATECON CORPORATION and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Letter Number: 000A00055995

Nanette Causseaux Corporate Specialist Supervisor

Sanchelima & Associates, P.A. Attorneys at Law

Patent, Trademark & Copyright Law

J. Sanchelima, Patent Attorney Maitte R. Netsch, Attorney Albert Bordas, Patent Attorney Tel: 305-447-1617 Fax: 305-445-8484 e-mail: jay@sanchelima.com

December 22, 2000

Secretary of State Trademark Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Mark Registration Application for:

QUATECON CORPORATION and Design

Applicant: Quatecon, Corporation

Our File No: 20613

Dear Sir/Madam:

Enclosed please find substitute specimens for the above referenced mark application.

Kindly send the certificate and all correspondence to our office located at 235 S.W. Le Jeune Road, Miami, Florida 33134-1762.

Also, please acknowledge receipt of this by stamping and returning the enclosed self-addressed, postage-paid card and returning it to our office.

Truly yours,

SANCHELIMA & ASSOCIATES, P.A.

Gabriela Cortes, Paralegal for

Jesus Sanchelima, Esq.

file

JS:dj Encl: Substitute Specimens, Ltr. and postage-paid card

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
Name & address to whom acknowledgment should be sent:

<u>San</u>	chelima & Associates, P.A.
23	5 S.W. Le Jeune Road
Mia	mi, Florida 33134
(3	05) 447-1617
<u>1</u>	me Telephone number
PAR	TI
1. (a) Applicant's name: Quatecon, Corporation	n
(b) Applicant's business address: 14384 S.W. 16	3rd Terrace
Miami, Florid	a 33177
(a) A 12	City/State/Zip
(c) Applicant's telephone number: (305) 251-5 Individual XXX Corporation	□ Joint Venture □ Other:
☐ General Partnership ☐ Limited Partnership	Union
If other than an individual,	•
(1) Florida registration number: P99000061160 🗸	(2) Domicile State: Florida
(3) Federal Employer Identification Number: 65093	1710
 (a) If the mark to be registered is a service mark, the ser- (i.e., furniture moving services, diaper services, hous 	vices in connection with which the mark is used: e painting services, etc.)
information technology consulting s	ervices
(b) If the mark to be registered is a trademark, the goods (i.e., ladies sportswear, cat food, barbecue grills, shown	in connection with which the mark is used: laces, etc.)
(c) The mode or manner in which the mark is used:(i.e.,	labels, decals, newspaper advertisements, brochures, etc.)
The mark is used via a global comput	er network, advertising and
promotional materials, and in other	ways customary in the trade.

(Continued)

international class 42	
	PART II
1. Date first used by the applicant, pred	lecessor, or a related company (must include month, day and year):
	1-00 (b) Date first used in Florida: 4-10-00
(4) 240 240 450 450 450	(0) 233 23 23 23 23 23 23 23 23 23 23 23 23
must be 25 words or less.)	PART III b/design is included, please give brief written description which
"QUATECON CORPORATION"	and Design. The word Quatecon written above the
word Corporation and bot	th words are located within an oval letter "Q".
	•
2. DISCLAIMER (if applicable)	•
NO CLAIM IS MADE TO THE EXCI	LUSIVE RIGHT TO USE THE TERM " Corporation
***************************************	" APART FROM THE MARK AS SHOWN.
Reinaldo Sanchez	, being sworn, depose and say that I am the owner and the
further acknowledge that I have read the an	en therefor. I make this affidavit and verification on my/the applicant's behalf. I
correct	Quatecon, Corporation Typed or printed name of applicant
Correct	Quatecon, Corporation Typed or printed name of applicant Reinaldo Sanchez Clicant's signature or authorized person's signature
Correct	Quatecon, Corporation Typed or printed name of applicant Reinaldo Sanchez
App	Quatecon, Corporation Typed or printed name of applicant Reinaldo Sanchez Clicant's signature or authorized person's signature
STATE OF HOMBA COUNTY OF DADE On this 18th day of Oathle	Quatecon, Corporation Typed or printed name of applicant Reinaldo Sanchez Clicant's signature or authorized person's signature
STATE OF HOMBA COUNTY OF DADC	Quatecon, Corporation Typed or printed name of applicant President Reinaldo Sanchez (List name and title)
STATE OF HONDA COUNTY OF DADC On this 18th day of College appeared before me,	Quatecon, Corporation Typed or printed name of applicant Reinaldo Sanchez Clicant's signature or authorized person's signature (List name and title) Record Reinaldo Sanchez Description Record Reinaldo Sanchez Description Record Reco
STATE OF HONDA COUNTY OF DADC On this 18th day of College appeared before me,	Quatecon, Corporation Typed or printed name of applicant Reinaldo Sanchez Visidat Reinaldo Sanchez Clist name and title) Recool , Recool Sanches personally whose identity I proved on the basis of
STATE OF HOMDA COUNTY OF DADO On this 18th day of Other appeared before me,	Quatecon, Corporation Typed or printed name of applicant Reinaldo Sanchez Clicant's signature or authorized person's signature (List name and title) Record Reinaldo Sanchez Description Record Reinaldo Sanchez Description Record Reco
STATE OF HOMBA COUNTY OF DADC On this 18th day of Collected appeared before me, who is personally known to me	Quatecon, Corporation Typed or printed name of applicant President Reinaldo Sanchez Clicant's signature or authorized person's signature (List name and title) President Reinaldo Sanchez Whose identity I proved on the basis of Notary Public Signature Notary Public Signature Notary Public Signature
STATE OF HOMBA COUNTY OF DADC On this 18th day of State appeared before me, Who is personally known to me (Seal)	Quatecon, Corporation Typed or printed name of applicant President Reinaldo Sanchez Clist name and title) Resolution Reinaldo Sanchez Clist name and title Whose identity I proved on the basis of Notary Public Signature Notary's Printed Name
STATE OF HOMBA COUNTY OF DADC On this 18th day of Collected appeared before me, who is personally known to me (Seal)	Quatecon, Corporation Typed or printed name of applicant Residet Reinaldo Sanchez Ricallicant's signature or authorized person's signature (List name and title) Residet Reinaldo Sanchez Residet Residet Reinaldo Sanchez Residet Residet Reinaldo Sanchez Residet Res

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Quality Technology Consulting

IT Solutions Business Solutions

REINALDO SANCHEZ CEO/President

14384 S.W. 163rd Terrace Suite 400 Miami Florida 33177 Tel. 305.253.6500 Fax. 305.254.3198

Fax. 305.254.3198 Cell. 305.790.3451

rsanchez@quatecon.com