2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F01000006176

. Entity Name

QUANTUM OVERSEAS, INC.

Principal Place of Business 2600 S.W. 3RD AVENUE

2600 S.W. 3RD AVENUE STE 801 MIAMI, FL 33129 Mailing Address

2600 S.W. 3RD AVENUE STE 801 MIAMI, FL 33129 FILED Jan 28, 2004 08:00 AM Secretary of State



01132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 98-0210184 Applied For Not Applicable

5. Certificate of Status Desired _ _ _ _

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARAH, CARLOS M 999 PONCE DE LEON BLVD., #625 CORAL GABLES, FL 33134

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				,	
8. The above the obligati	named entity submits this statement for the prions of registered agent.	ourpose of changing its registered	office or i	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE, Registered A	gent signatur	o required when reinstating),	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICER'S AND DIREC	CTORS			: :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDT GROSS, BEILE CALLE 53 Y AVENIDA SAMUEL LEW PANAM REP OF PANAMA,	ns ····			U00000018457 01/28/04-80138-001 150.00
Title Name Street address City -St-Zip	SD DONADO, RAQUEL CALLE 53 Y AVENIDA SAMUEL LEWIS PANAM REP OF PANAMA,				
Tifle Name Street Adoress City-St-Zip	D DE FLORES, RITA V CALLE 53 Y AVENIDA SAMUEL LEW PANAM REP OF PANAMA,	18		DO	NOT WRITE
HTLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
INTLE MAME STREET ADDRESS		·			

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Plotida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same fegal 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.