

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90283 040 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** J87276 (8)

**1. Corporation Name**

QUINTON INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

08/14/1987

**4. FEI Number**  
59-2836009

**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 owes the current year Intangible Personal  
Property Tax.**

☐ Yes ☐ No

**Principal Place of Business**

3845 SW 41 St  
Pembroke Park, FL 33023

**Mailing Address**

C/o Charles A. Ross  
3845 SW 41 ST  
Pembroke Park, FL 33023

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**2a. Mailing Address**

**26** P. O. Box 5721

**27** Suite, Apt. #, etc.  
Dept 2301'23

**28** City & State  
Miami, Florida

**29** Zip **30** Country  
33102-5721 USA

**9. Name and Address of Current Registered Agent**

ROSS, CHARLES ALLAN  
3845 SW 41 ST  
Pembroke Park, FL 33023

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

FL

**85** 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE** D ☐ DELETE  
**NAME** RIBADENEIRA, FELIPE  
**STREET ADDRESS** 3845 SW 41 ST  
**CITY - ST - ZIP** PEMBROKE PARK, FL

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
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**CITY - ST - ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1** TITLE ☐ Change ☐ Add  
**1.2** NAME  
**1.3** STREET ADDRESS  
**1.4** CITY - ST - ZIP

**2.1** TITLE ☐ Change ☐ Add  
**2.2** NAME  
**2.3** STREET ADDRESS  
**2.4** CITY - ST - ZIP

**3.1** TITLE ☐ Change ☐ Add  
**3.2** NAME  
**3.3** STREET ADDRESS  
**3.4** CITY - ST - ZIP

**4.1** TITLE ☐ Change ☐ Add  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY - ST - ZIP

**5.1** TITLE ☐ Change ☐ Add  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY - ST - ZIP

**6.1** TITLE ☐ Change ☐ Add  
**6.2** NAME  
**6.3** STREET ADDRESS  
**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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(5932) 468-548

APRIL 21, 1999

Daytime Phone #