


FILED  
Jan 31, 2003 8:00 am  
Secretary of State

01-31-2003 90091 036 \*\*\*150.00

2003

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <u>587276</u>			
<b>1. Entity Name</b> <u>QUINTON INTERNATIONAL, INC.</u>			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> <u>3845 SW 41 ST.</u>		<b>3. Mailing Address</b> <u>CENTRO AEREO No. Q-3249</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>P.O. BOX 02-5268</u>	
<b>City &amp; State</b> <u>PEMBROKE PARK, FL 33023</u>		<b>City &amp; State</b> <u>MIAMI, FLORIDA 33102-5268</u>	
<b>Zip</b>		<b>Country</b> <u>USA</u>	
<b>4. FEI Number</b> <u>59-2836009</u>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> <u>ROSS, CHARLES ALLAN</u>			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>3845 SW 41 ST.</u>			
<b>City</b> <u>PEMBROKE PARK, FL 33023</u>			
<b>City</b> <u>FL</u> <b>Zip Code</b>			
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <b>DATE</b> _____			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<u>D</u> <u>RIBADENEIRA, JOAQUIN</u> <u>3845 SW 41 ST.</u> <u>PEMBROKE PARK, FL 33023</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u>		<u>23/01/03</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR2E0348 (12/02)