

DOCUMENT # P00000008567

1. Entity Name

QBEX ELECTRONICS AMERICA CORP.

FILED  
Apr 19, 2001 8:00 am  
Secretary of State

04-02-2001 90320 022 \*\*\*150.00

Principal Place of Business  
8515 NW 29TH STREET  
MIAMI FL 33122

Mailing Address  
8515 NW 29TH STREET  
MIAMI FL 33122

2. Principal Place of Business  
1601 N.W 84 AVE  
Suite, Apt. #, etc.

3. Mailing Address  
1601 N.W 84 AVE  
Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number

Applied For

Applied For  
Not Applicable

Zip  
F33126

Country  
U.S

Zip  
33126

Country  
U.S

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFONSO, JORGE E  
8515 NW 29TH STREET  
MIAMI FL 33122

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ALFONSO, JORGE E  
STREET ADDRESS 8515 NW 29TH STREET  
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE PD  
NAME ALFONSO, JORGE E  
STREET ADDRESS 1601 N.W 84 AVE  
CITY-ST-ZIP MIAMI, FL 33126 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VPE  
NAME ALFONSO, JORGE E  
STREET ADDRESS 1601 N.W 84 AVE  
CITY-ST-ZIP MIAMI, FL 33126 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VP OPERATIONS  
NAME ANGEL, LILIANA  
STREET ADDRESS 1601 N.W 84 AVE  
CITY-ST-ZIP MIAMI, FL 33126 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 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

Date

Daytime Phone #

3/28/01

CR2E034 (10/00)