

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P94000065223 (7)**

1. Corporation Name

QUANTUM TRADING CORP.

95 MAY -1 PM 12: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE:

Principal Place of Business: **4420 SHERIDAN AVE. MIAMI BEACH FL 33140**
Mailing Address: **4420 SHERIDAN AVE. MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified: **09/06/1994**
3a. Date of Last Report

2. Principal Place of Business: **21**
Suite, Apt. #, etc.

2a. Mailing Address: **26**
Suite, Apt. #, etc.

4. FEI Number: **X 650517767**
Applied For: Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **25** Country: **29**

30. Country

8. This corporation has liability for intangible tax under S. 100.002, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIPNIK, DAVID
4420 SHERIDAN AVE.
MIAMI BEACH FL 33140**

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 607.1509, 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 of applicant

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**
NAME: **LIPNIK, MURRAY**
STREET ADDRESS: **4420 SHERIDAN AVE.**
CITY - ST - ZIP: **MIAMI BEACH FL 33140**

1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE: **VD**
NAME: **MONTORO, ROBERTO**
STREET ADDRESS: **4420 SHERIDAN AVE.**
CITY - ST - ZIP: **MIAMI BEACH FL 33140**

2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE: **TD**
NAME: **MONTORO, ANTONIO B**
STREET ADDRESS: **4420 SHERIDAN AVE.**
CITY - ST - ZIP: **MIAMI BEACH FL 33140**

3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE: **SD**
NAME: **LIPNIK, DAVID**
STREET ADDRESS: **4420 SHERIDAN AVE.**
CITY - ST - ZIP: **MIAMI BEACH FL 33140**

4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information indicated on the 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 judicially empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Murray Lipnik
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/20/95 (305) 673-2180
DATE AND TELEPHONE NUMBER