FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
May 30 1996 8:00 am
Secretary of State

DOCUMENT # P95000025786

1. Corporation Name
QUADRUS Corporation

Principal Place of Business	Mailing Address
645 Mayport Rd Suite 381 Atlantic Beach FL 32233	1015-116 Atlantic Blvd. Atlantic Beach, FL 32233

2. Principal Place of Business	2a. Mailing Address
21 645 Mayport Rd	26 1015-116 Atlantic Blvd
Suite, Apt. #, etc. 22 381	Suite, Apt. #, etc. 27
City & State 23 Atlantic Beach, FL	City & State 28 Atlantic Beach, FL
Zip 24 32233	Zip 29 32233
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified: 3-29-95
3a. Date of Last Report: N/A
4. FEI Number: 59-3309663 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Felipe Eiras
1815 Eastern Drive
, Jax. Bch, FL 32233

10. Name and Address of New Registered Agent

81 Name: C.J. EIRAS
82 Street Address (P.O. Box Number is Not Acceptable): 1015-116 Atlantic Blvd.
83
84 City: Atlantic Beach FL 85 Zip Code: 32233

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: C.J. Eiras V.P. 5-13-96
Signature of Officer or Director / Signature of New Registered Agent (if applicable) / DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	JAN P. EIRAS	12 NAME	
STREET ADDRESS	12359 WESTHALL PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	Wellington, FL	14 CITY-ST-ZIP	
TITLE	VICE President/Secty. ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	C.J. EIRAS	22 NAME	
STREET ADDRESS	1015-116 Atlantic Blvd	23 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach, FL 32233	24 CITY-ST-ZIP	
TITLE	TREASURER ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MICHAEL J. EIRAS	32 NAME	
STREET ADDRESS	6781 Rook DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	Huntington Beach, CA 92647	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	FELIPE S. EIRAS	42 NAME	DELETE
STREET ADDRESS	1815 Eastern DR.	43 STREET ADDRESS	
CITY-ST-ZIP	JAX. Bch, FL 32233	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	000001845420 -05/31/96--01019--008 ***225.00
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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 119.07(3)(k), 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.

SIGNATURE: C.J. Eiras 5-13-96 904-241-1154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/30/96