

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90025 007 \*\*\*150.00

DOCUMENT # P95000054188

1. Corporation Name  
Q-TELEX, INC.

Principal Place of Business  
9500 S DADELAND BLVD  
SUITE 705  
MIAMI FL 33156  
US

Mailing Address  
9500 S DADELAND BLVD  
SUITE 705  
MIAMI FL 33156  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number

65-0593756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, AMADO

~~9500 S. DADELAND BLVD~~

~~SUITE 705~~

~~MIAMI FL 33156~~

81 Name GARCIA, AMADO

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

9500 S. DADELAND BLVD.

83 SUITE # 705

84 City

MIAMI

FL

85 Zip Code  
33156

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME GARCIA, AMADO  
STREET ADDRESS 9500 S. DADELAND BOULEVARD, SUITE 705  
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME GARCIA, AMADO  
1.3 STREET ADDRESS 9500 S. DADELAND BLVD.  
1.4 CITY-ST-ZIP MIAMI. FL 33156

TITLE SD ☐ DELETE  
NAME GARCIA, MARTHA  
STREET ADDRESS 9500 S. DADELAND BOULEVARD, SUITE 705  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME GARCIA MARTHA  
2.3 STREET ADDRESS 9500 S. DADELAND BOULEVARD, SUITE 705  
2.4 CITY-ST-ZIP MIAMI. FL. 33156

TITLE VD ☐ DELETE  
NAME ROJAS, MARIA A  
STREET ADDRESS 9500 S DADELAND BLVD SUITE 705  
CITY-ST-ZIP MIAMI FL

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

TITLE TD ☐ DELETE  
NAME ROJAS, ESTEBAN R  
STREET ADDRESS 9500 DADELAND BLVD SUITE 705  
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
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 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

Date

Daytime Phone #

CR2E034 (11/98)

0230062