

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 NOV 10 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000038910

1. Corporation Name

PRO Q.C. SYSTEMS NORTH AMERICA

Principal Place of Business

Mailing Address

INTERNATIONAL

6465 142nd Ave. N., Unit
D 4 Clearwater, FL 33760

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

5-03-96

5-03-96

4. FEI Number

Applied for

59-3377963

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

AMERILAWYER CHARTERED
343 ALMERIA AVE., CORAL GABLES, FL
33134

10. Name and Address of New Registered Agent

81 Name

JEFFREY S. MOELLERING

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

6465 142nd Ave. N., Unit D204

83

84 City

CLEARWATER

FL

85 Zip Code

33760

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 of officer or director of corporation and agent, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

11-05-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MANAGING DIRECTOR ☒ DELETE
NAME EDUARDO SANCHEZ
STREET ADDRESS No. 1, Lane 99, Hsing-Ti Rd., Beitou,
CITY-ST-ZIP Taipei, Taiwan, R.O.C.

1.1 TITLE DIRECTOR OF OPERATIONS ☐ Change ☒ Addition
1.2 NAME JEFFREY S. MOELLERING
1.3 STREET ADDRESS 6465 142nd Ave. N., Unit D204
1.4 CITY-ST-ZIP Clearwater, FL 33760

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 500002346715--7
2.3 STREET ADDRESS -11/13/97--01085--006
2.4 CITY-ST-ZIP ****165.00 ****165.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 do 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

SIGNATURE:

Signature and typed or printed name of signing officer or director

11-05-97 813-572-8585 x7701

CR2E034 (9/96)