


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000100862 (7)
1. Corporation Name
THE QUANTUM INTERNATIONAL NETWORK, INC.



Principal Place of Business 444 SEADREEZE BLVD., SUITE 700 DAYTONA BEACH FL 32118	Mailing Address 444 SEADREEZE BLVD., SUITE 700, DAYTONA BEACH FL 32118
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2042 N. FORSYTH RD Suite, Apt. #, etc. 22 Suite F City & State 23 Orlando FL Zip 24 32807		2a. Mailing Address 26 2042 N FORSYTH RD Suite, Apt. #, etc. 27 Suite F City & State 28 Orlando FL Zip 29 32807		3. Date Incorporated or Qualified 12/13/1996		3a. Date of Last Report N/A	
4. FEI Number 59-3418121		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BIONDO, P. RICHARD 1089 CROSS CUT WAY LONGWOOD FL 32750				10. Name and Address of New Registered Agent 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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CULLER, RUSTY D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLER, RUSTY D	1.2 NAME	Luis Bohorquez
STREET ADDRESS	2721 SOUTH ATLANTIC AVE.	1.3 STREET ADDRESS	Torre La Previsora Mezzani 142 Sabana Grande
CITY-ST-ZIP	DAYTONA BEACH FL 32118	1.4 CITY-ST-ZIP	Caracas Venezuela
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHORQUEZ, FERNANDO R	2.2 NAME	
STREET ADDRESS	TORRE LA PREVISORA MEZZANI 1Y2 SABANA GRAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACUS 1050 VENEZUELA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHORQUEZ, LUIS	3.2 NAME	
STREET ADDRESS	TORRE LA PREVISORA MEZZANI 1Y2 SABANA GRAN	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARACUS 1050 VENEZUELA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHORQUEZ, MARLENE	4.2 NAME	
STREET ADDRESS	TORRE LA PREVISORA MEZZANI 1Y2 SABANA GRAN	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARACUS 1050 VENEZUELA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHORQUEZ, RENZO	5.2 NAME	
STREET ADDRESS	TORRE LA PREVISORA MEZZANI 1Y2 SABANA GRAN	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARACUS 1050 VENEZUELA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CP2E004 (4/97)

8/14/97 1076720828