

FILE NOW: FILING FEE AFTER MAIL IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # **P96000100862**

1. Corporation Name

THE QUANTUM INTERNATIONAL NETWORK, INC.

Principal Place of Business

169 E. FLAGLER STREET
SUITE 1527
MIAMI FL 33131
US

Mailing Address

169 E. FLAGLER STREET
SUITE 1527
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1998

4. FEI Number

59-3418121

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ No

2. Principal Place of Business

21 1221 BRICKELL AVE

2a. Mailing Address

26 1221 Brickell Ave

Suite, Apt. #, etc.

Suite 909

Suite, Apt. #, etc.

Suite 909

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131-3224

Country

Zip

33131

Country

9. Name and Address of Current Registered Agent

THOMPSON, DISNEY D
169 E. FLAGLER STREET
SUITE 1527
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DPTS
NAME BOHORQUEZ, LUIS F
STREET ADDRESS 169 E. FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33131

TITLE VP ☐ DELETE

NAME BOHORQUEZ, LUIS F
STREET ADDRESS 169 E. FLAGLER STREET
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

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

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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

Date

CR2E034 (1/198)