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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000084432 (8) DOCUMENT #

QUINTANA ELECTRIC, CORP.

Principal Place of Business

Mailing Address

6024 SW 8 STREET #C328

17

SIGNATURE:

6024 SW 8 STREET #C328

## **FILED** Apr 09 1998 8:00am Secretary of State



MIAMI FL 33144 MIAMI FL 33144 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 Applied For 65-0786699 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent QUINTANA, RAMON Name 6024 SW 8 STREET #C328 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33144** City 84 Zip Code 85 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, Fiorida Statutes. Signature, typed or printed name of registimed agent and title it applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE QUINTANA, RAMON NAME 1.2 NAME 6024 SW 8 STREET #C328 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP 1.4 City-ST-ZiP DELETE Change Addition TITLE 2.1 TITLE NAME QUINTANA, ALBERTO 2.2 NAME 6024 SW 8 STREET #C328 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP 2 4 City - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CiTY-ST-ZIP DELETE Addition 4.1 TITLE T/TILE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition 6.1 TITLE TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 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 empoyed od 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.