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

**PROFIT CORPORATION** ANNUAL REPORT 1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000092817 (0)

QUIMPEX ENGINEER CORP.

Principal Place of Business

SIGNATURE: ✓

Mailing Address

8249 NW 36TH ST., SUITE 103

8249 NW 36TH ST., SUITE 103

## **FILED** May 04 1998 8:00am Secretary of State



MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 ☐ Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name QUIJANO, EDGAR A A 11780 SW 18TH ST., APT. 522 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33175 83 84 City Zip Code 07.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered at digations of, Section 607.0505, Florida Statutes. office or registered a agent. I am familiar y (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. FFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. President DELETE Change Addition TITLE 1.1 TITLE Quijano, Edgar 12 NAME APT. 522 TE HT 81 11780 SW STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MISMI 1.4 CITY - ST - ZIP Change Addition TITLE 2.1 TITLE 2.2 NAME RUJUNOJ STREET ADDRESS 52Z KIN 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THILE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 prover of true to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapter 607 or or true prover of the corporation of the