

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jun 24, 1999 8:00 am  
Secretary of State

06-24-1999 90001 015 \*\*\*150.00

DOCUMENT #

1. Corporation Name

QTM TECHNOLOGY

P98000080399

Principal Place of Business

Mailing Address

7891 W. Flagler Street  
SUITE 427  
MIAMI, FLA. 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-14-98

2. Principal Place of Business

2a. Mailing Address

21 7891 W. Flagler Street.

26

Suite, Apt. #, etc.

22 SUITE 427.

27

City & State

23 MIAMI, FLORIDA.

28

Zip

Country

24 33144.

25

OSA.

29

Zip

Country

30

4. FEI Number

65-0878867

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME PRESIDENT DAN

1.2 NAME

STREET ADDRESS CARRERA 490, 480-55 CONSULTORIA 102

1.3 STREET ADDRESS

CITY-ST-ZIP BARRANQUILLA, COLOMBIA

1.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE NAME ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 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 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

Daytime Phone #

CR2E034 (11/98)

***Q.T.M.***

***Technology Inc.***

579141-90001-15

P98000080399

Miami, June 10, 1999

ANNUAL REPORT FILINGS  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, Fla 32314

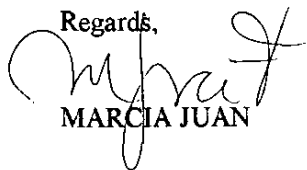
REF-ANNUAL REPORT FEE

Dear sirs;

The reason why our report is sent today is because on March 31, 1999 the same form was requested, and we receive a ~~NONPROFIT form instead of a PROFIT form.~~

Attach please find the form and a \$150.00 check.

Regards,

  
MARCIA JUAN