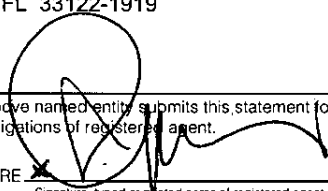
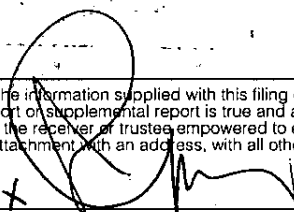


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90022 020 ***158.75

DOCUMENT # P98000092416 1. Entity Name QBEX ELECTRONICS CORPORATION, INC.					
Principal Place of Business 1601 NW 84 AVE MIAMI, FL 33126			Mailing Address 1601 NW 84 AVE MIAMI, FL 33126		
2. Principal Place of Business 1600 NW 84th Ave Suite, Apt. #, etc.		3. Mailing Address 1600 NW 84th Ave Suite, Apt. #, etc.			
City & State Miami FL Zip 33126		City & State Miami FL Zip 33126		4. FEI Number 65-1062355	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ALFONSO, JORGE E 8515 N.W. 29TH STREET MIAMI, FL 33122-1919					
7. Name and Address of New Registered Agent Name Alfonso Jorge E Street Address (P.O. Box Number is Not Acceptable) 1600 NW 84th Ave City Miami FL Zip Code 33126					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALFONSO, JORGE E 1601 NW 84 AVE MIAMI, FL 33126	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE JORGE, ALFONSO L 1601 NW 84 AVE MIAMI, FL 33126	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO ALFONSO, MARIA 1601 NW 84 AVE. MIAMI, FL 33126	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  01-19/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					