2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P98000092416

DOCUMENT #

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

10.

TITLE

OFFICERS AND DIRECTORS

1. Entity Name QBEX ELECTRONICS CORPORATION, INC.					01-27-2003 90334 033	***150.00
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		3. Mailing Address		, 	- 1 10 \$110 \$1 118 10 161 1011)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number NOT APPLICABLE	Applied For Not Applicab
Zip خ	Country	Zip	ip Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
AŁFONSO, JORGE E 8515 N.W. 29TH STREET MIAMI FL 33122-1919				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL	Zip Code
	med entity submits this stater s of registered agent.	nent for the purpose of cha	anging its registe	red office or register	red agent, or both, in the State of Florida. I am fan	niliar with, and accep
SIGNATURE	nature, typed or printed name of registers	ed agent and title if applicable.	(NOTE: Register	red Agent signature required	d when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00					O. Stanting Compaign Financing	

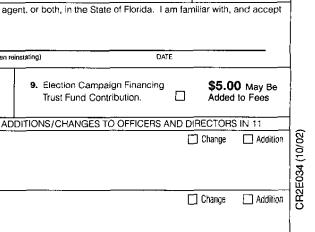
☐ Delete

FILED Jan 27, 2003 8:00 am Secretary of State

0334 033 ***150.00

9. Election Campaign Financing

Trust Fund Contribution.



Change

Not Applicable

ALFONSO, JORGE E NAME NAME STREET ADDRESS 1601 NW 84 AVE STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP VPE Change Addition TITLE ☐ Delete TITLE JORGE, ALFONSO L NAME NAME 1601 NW 84 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP VP0 ☐ Change TITLE Delete . TITLE Addition ANGEL, LILIAÑA NAME NAME 1601 NW 84 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP Change NPO ☐ Delete TITLE noitibhA TITLE MARIA 84 AVE ALFONSO 1601 NW NAME NAME STREET ADDRESS STREET ADDRESS R 33126 MIAMI CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

12. 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 report of 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 eccivery 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 address, with all other like empowered. changed, or on an attacl

SIGNATURE:

Date Daytime Phone #