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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S28971** **(7)**

1. Corporation Name

QUIMBO CORPORATION

Principal Place of Business	Mailing Address
1036 SW FIRST ST MIAMI FL 33130 US	1036 SW FIRST ST MIAMI FL 33130 US

3. Date Incorporated or Qualified: **01/31/1991**

3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21 2300 CORAL WAY
22 Suite, Apt. #, etc
23 City & State: MIAMI FLORIDA
24 Zip: 33145
25 Country: US.

2a. Mailing Address
26 2300 CORAL WAY
27 Suite, Apt. #, etc
28 City & State: MIAMI FLORIDA
29 Zip: 33145
30 Country: US.

4. FEI Number: **65-0250639** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
1036 SW 1 ST.
MIAMI FL 33130-1094

10. Name and Address of New Registered Agent

81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI FL 85 Zip Code: 33145

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: _____ AMADA CANTERA LOPEZ. PRES 4/30/96
Signature, typed or printed name of registered agent or authorized officer of registered agent (Name of Registered Agent, typed or printed, if changed) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LANDRIAN, MANUEL		1.2 NAME	400001813471
STREET ADDRESS	8450 SW 16 ST		1.3 STREET ADDRESS	-05/08/96--01063--017
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LANDRIAN, DAISY		2.2 NAME	
STREET ADDRESS	8450 SW 16 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE		☐ 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		☐ 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		☐ 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		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

AP7513

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: _____ 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

MANUEL LANDRIAN