

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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96 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



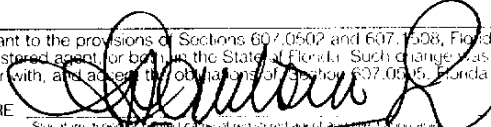
PROFIT CORPORATION ANNUAL REPORT, 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S28971 (7)			
1. Corporation Name QUIMBO CORPORATION			

Principal Place of Business 1036 SW FIRST ST MIAMI FL 33130 US	Mailing Address 1036 SW FIRST ST MIAMI FL 33130 US
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2. Principal Place of Business 21 2300 CORAL WAY		2a. Mailing Address 26 2300 CORAL WAY		3. Date Incorporated or Qualified 01/31/1991		3a. Date of Last Report 04/27/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0250639		Applied For Not Applicable	
City & State 23 MIAMI FLORIDA		City & State 28 MIAMI FLORIDA		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip 24 33145		Country 25 US.		Zip 29 33145		Country 30 US.	
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			

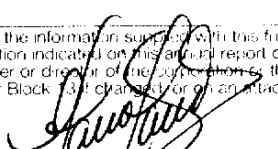
81 Name FLORIDA ANNUAL REPORT SERVICES INC.	
82 Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE # 200	
83	
84 City MIAMI	85 Zip Code FL 33145

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**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDRIAN, MANUEL 8450 SW 16 ST MIAMI FL	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition 400001813474 -05/08/96--01063--017 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANDRIAN, DAISY 8450 SW 16 ST MIAMI FL	2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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.

SIGNATURE:  **MANUEL LANDRIAN** **4/30/96**

CR2E034 (12/95)