

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:16

DOCUMENT # S52836

(1)

1. Corporation Name

QUANTUM COMPUTERS CORPORATION

Principal Place of Business

16580 NW 10TH AVENUE
MIAMI FL 33169

Mailing Address

16580 NW 10TH AVENUE
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1991

3a. Date of Last Report

01/21/1994

4. FEI Number

65-0264622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt # etc

State, Apt # etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

GUTIERREZ, DONALDO
16560 NW 10TH AVE.
MIAMI FL 33169

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

(If 11) Registered Agent registered agent after incorporation

(If 11)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPAS
NAME	GUTIERREZ, DONALDO
STREET ADDRESS	16560 NW 10TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	PST
NAME	MORRIS, MARGARET
STREET ADDRESS	16560 NW 10TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	PST
NAME	MORRIS, MARGARET
STREET ADDRESS	19221 NE 10 AVE. #308
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	AS
NAME	GOLDEN, RICHARD A.
STREET ADDRESS	2280 NE 201 ST.
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	D
NAME	GUTIERREZ, DONALDO
STREET ADDRESS	16560 NW 10TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 190.032, Florida Statutes. I further certify that the information indicated on the 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 receive this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Gutierrez

1-11-95

305-644-8050