

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**'PROFIT'
CORPORATION
ANNUAL REPORT
1996**



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

FILED

96 DEC 24 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S52836

AMENDED

1. Corporation Name

QUANTUM COMPUTERS CORPORATION

Principal Place of Business

**16580 N.W. 10 AVE.
MIAMI, FL 33169**

Mailing Address

SAME

3. Date Incorporated or Qualified
5/91

3a. Date of Last Report

2. Principal Place of Business

21 **16580 N.W. 10 AVE.**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI, FL

28 City & State

29 City & State

24 Zip

33169

Country

USA

Zip

30

Country

30

4. FEI Number

65-0264622

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

**DONALDO GUTIERREZ
16560 N.W. 10 AVE.
MIAMI, FL 33169**

10. Name and Address of New Registered Agent

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 607.002 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.

(NOTE: Registered Agent signature required when reinstating)

12/19/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **P/T/S** ☒ DELETE

NAME **MARGARET MORRIS**
STREET ADDRESS **16580 N.W. 10 AVE.**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **AS** ☒ DELETE

NAME **RICHARD GOLDEN**
STREET ADDRESS **16580 N.W. 10 AVE.**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/VP/T/S/D** ☐ Change ☐ Addition

1.2 NAME **DONALDO GUTIERREZ**
1.3 STREET ADDRESS **16560 N.W. 10 AVE.**
1.4 CITY-ST-ZIP **MIAMI, FL 33169**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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*******61.25 *****61.25**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

12/19/96 **305-624-8350**

CR2E034 (3/96)