09131999-90007-020-$550.00-$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 27 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K11848

Corporation Name
DATA ENTRY PERSONNEL, INC.

9/13/99 90007020 #550.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
90 NW 53 ST #105 O. BOX 523350 AMI FL 33166	8390 NW 53 ST #105 P.O. BOX 523350 MIAMI FL 33166

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 01/14/1988
	26	4. FEI Number: 65-0025291 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 27 201	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State	City & State: 28	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip / Country: 25	Zip / Country: 29 / 30	8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VALLADARES, O. FRANK
8390 NW 53 ST #105
MIAMI FL 33166

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

. 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.

GNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
.E AE EET ADDRESS Y-ST-ZIP	DP IZQUIERDO, MARIA 8390 N.W. 53RD STREET, #105 MIAMI FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 8390 NW 53 ST #201
.E AE EET ADDRESS Y-ST-ZIP	DV BERTEMATI, TERESA 8390 N.W. 53RD STREET #105 MIAMI FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 8390 NW 53 ST #201
.E AE EET ADDRESS Y-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
.E AE EET ADDRESS Y-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
.E AE EET ADDRESS Y-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
.E AE EET ADDRESS Y-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/96)

. I hereby 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 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 on an attachment with an address, with all other like empowered.

KE

IGNATURE: [illegible] 9-10-99 305-592-1344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #