

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000001350 (8)**

1. Corporation Name

**SOUTHEAST FLORIDA DATABASE DEVELOPERS GROUP, INC**



Principal Place of Business

**3900 NORTHWEST 79TH AVENUE  
SUITE 532  
MIAMI FL 33166**

Mailing Address

**3900 NORTHWEST 79TH AVENUE  
SUITE 532  
MIAMI FL 33166**

3. Date Incorporated or Qualified  
**03/22/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **6925 SW 65 Ave**

26 **6925 SW 65 Ave**

4. FEI Number  
**65-0431761**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

23 City & State

28 City & State

**South Miami, FL**

**South Miami FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

24 Zip  
**33143**

25 Country  
**DADE**

29 Zip  
**33143**

30 Country  
**DADE**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUGLISE, JAMES D  
17505 SOUTHWEST 87TH AVENUE  
MIAMI FL 33157**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **ROSS TERMAN**  
STREET ADDRESS **5601 COLLINS AVE**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **VPD** ☐ DELETE  
NAME **JAMES PUGLISE**  
STREET ADDRESS **17505 SW 87TH AVE**  
CITY-ST-ZIP **MMIAMI FL**

TITLE **TD** ☐ DELETE  
NAME **VICAR HERNANDEZ**  
STREET ADDRESS **6925 SW 65 AVE**  
CITY-ST-ZIP **S.MIAMI FL**

TITLE **S** ☐ DELETE  
NAME **WILLY ESTEBAN**  
STREET ADDRESS **3900 NW 79 AVE 532**  
CITY-ST-ZIP **MIAMI FL 33166**

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

**VICAR HERNANDEZ**

**4/25/96**

**305 667 0253**

Date Daytime Phone #

CR2E037 (12/95)