FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V50140

(5)

MARK DATA COMMUNICATIONS, INC.

FILED
Apr 09 1997 8:00am
Secretary of State

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Principal Place of Business 1289 SE 7TH AVE SUITE 207 DANIA FL 33004 US 2. Principal Place of Business 21 Suito, Apt. #, etc 22 City & State 23 Zip Country 24		Mailing Address 550 SE 13TH SUTE 205 DAMA FL 33004-4893 28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/13/1992 4. FEI Number 65-0346500 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Intangible tax under s. 199.032,			
		29			Florida Statutes Yes 🔀 No		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	ANT, BERNARD			Name			
847 NW 119TH ST. SUITE 205			8:	Street A	ddress (P.O. Box Number is Not Acceptat	ole)	
	Mi FL 33168		83	3			
	nr , <u> </u>		84	City		B5	Zip Code
					orporation submits this statement for the p	FL	
SIGNATURE 12. BILE	om familiar with, and accept the oblig Species the recipient frame of equipmed a OFFICERS At			gent signature re	equired when remetating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRE	
NAME STREET ADDRESS OF THE STREET	CORREIA, AMANDA MARY S. 550 S.E. 13TH ST. SUITE 250 DANIA FL	_	1.2 NAME	T ADDRESS			
TITLE NAME STREET ADORESS CITY - ST - ZIP	DVT CORREIA, JOAO GILBERTO 550 S.E. 13TH ST. SUITE 250 DANIA FL 33004	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	ET ADDRESS		□ cr	hange Addition
NAME STREET ADDRESS CITY - ST- 78°		☐ DELETE	3.1 TITLE 3.2 NAMI	ET ADDRESS		□ cr	nange Addition
TURE NAME STREET ADDRESS CCY+ST-ZP		DELETE	4.1 T(TLE 4. 2 NAM 4.3 STRE 4.4 C(TY	E Et address		☐ Ċr	hange Addition
DITLE NAME STREET ADDRESS OTTY-ST-ZIP		DELETE	5.1 YITLE 5.2 NAMI	ET ADORESS		CH	hange 🔲 Addition
TITLE NAME STREET ADDRESS OTTY-ST-789		☐ DELETE	6 1 TITLE 6 2 NAMI	ET ADDRESS		CI	hange [] Addition
14 Lala Sorra	the codify that the information supply	ed with this filing does not aux			ated in Section 119.07(3)(i). Florida Statute	es. I turther certif	v that the

4. I do 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 chapped, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-91

Daylime Phone #

CR2E034 (9/96