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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S10320

SOUTHERN DATA SYSTEMS, INC.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90028 047 ***150.00



Principal Place	of Business	Mailing Address				i immitmin imit mutan trinte i	BIT BIBIT BIBIT BIBIT BIBIT		
4995 N.W. 72ND AVE.		4995 N.W. 72ND AVE.							
SUITE 403		SUITE 403				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33166		MIAMI FL 33166 US				3. Date Incorporated or Qualifed			
US		US				10/31/1990		,	
<u> </u>		2a. Mailing Address				4. FEI Number	Apr	lied For	-
<u> </u>	ace of Business	26	,			65-0226911	 	Applicable	Š
Suite, Apt.	# oto	Suite, Apt. #, etc	c.				\$8.75 A	dditional	*
	e, etc.	27				5. Certifcate of Status Desired	Fee Rec	quired	
City & State	<u> </u>	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	- Added to	Fees	
Zip	Country	Zip	Co	ountry		8. This corporation owes the current	year Intangible		
24	25	29	30			Personal Property Tax.	Yes	□No	
24	9. Name and Address of Cu					10. Name and Address of New Reg	istered Agent		
				81	Name			1	
QUA	nt, ernesto J.			82	Street Ad	dress (P.O. Box Number is Not Acceptable	<u>,, </u>		
	9 SW 72 TERRACE			**	SueerAu	Ruless (F.C. Box Number to Not Acceptable	·/ ·· / . ·		
MIAN	/II FL 33183			83		一般也不能的特别		化	
							85 Zip C	ode	
:				84	City		FL		
			- · · · · · · · · · · · · · · · · · · ·			tion automite this statement for the nu			
agent. La	egistered agent, or both, in the s m familiar with, and accept the o	bligations of, Section 607.050	05, Florida Sta	atutes.		orporation submits this statement for the putition's board of directors. I hereby accept to	rpose of changing its he appointment as req	gistered	=
SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of registers	bligations of, Section 607.050 ad agent and title if applicable.	(NOTE: Register	atutes.		uired when reinstating)	DATE		(98)
signature 12.	egistered agent, or both, in the s m familiar with, and accept the o Signature, typed or printed name of registere OFFICER	bligations of, Section 607.050	(NOTE: Register	atutes.		uired when reinstating) ; ; ; ; ; ; ADDITIONS/CHANGES TO OFFIC	DATE		(11/98)
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14. 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 of 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.

SIGNATURE: