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

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # V50140

1. Corporation Name
MARK DATA COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1299 SE 7TH AVE SUITE 207 DANIA FL 33004 US	1299 SE 7TH AVE #207 DANIA FL 33004 US

		DO NOT WRITE IN THIS SPACE
2. Principal Place of Business `21`	**2a. Mailing Address** `26`	**3. Date Incorporated or Qualifed** 07/13/1992
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	**4. FEI Number** 65-0346500 — Applied For / Not Applicable
City & State `23`	City & State `28`	**5. Certifcate of Status Desired** ☐ — $8.75 Additional Fee Required
Zip / Country `24` `25`	Zip / Country `29` `30`	**6. Election Campaign Financing Trust Fund Contribution** ☐ — $5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRYANT, BERNARD 847 NW 119TH ST. SUITE 205 MIAMI FL 33168	`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 607.0502 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.

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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DPS**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **CORREIA, AMANDA MARY S.**		1.2 NAME		
STREET ADDRESS **1299 SE 7TH AVE #207**		1.3 STREET ADDRESS		
CITY-ST-ZIP **DANIA FL 33004**		1.4 CITY-ST-ZIP		
TITLE **DVT**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **CORREIA, JOAO GILBERTO**		2.2 NAME		
STREET ADDRESS **1299 SE 7TH AVE #207**		2.3 STREET ADDRESS		
CITY-ST-ZIP **DANIA FL 33004**		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 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.

SIGNATURE: _AMANDA MARY S. CORREIA_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #