05051999-90213-025-$70.00-$70.00

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90213 025 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N93000001350

1. Corporation Name
SOUTHEAST FLORIDA DATABASE DEVELOPERS GROUP, INC

581255 - 90003 - 36

Principal Place of Business	Mailing Address
6925 SW 65 AVE SOUTH MIAMI FL 33143 US	6925 SW 65 AVE SOUTH MIAMI FL 33143 US

2. Principal Place of Business	2a. Mailing Address
21 13754 SW 106 Ter	26 13754 SW 106 Ter
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33186 Country 25 US	Zip 29 33186 Country 30 US

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

4. FEI Number: 65-0431761 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Varona, Frank
82 Street Address (P.O. Box Number is Not Acceptable): 10201 SW 111 Street
83
84 City: Miami FL 85 Zip Code: 33186

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: F Varona 3/29/99
Signature of, and printed 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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROSS TERMAN		1.2 NAME	Leonardo Reña	
STREET ADDRESS	5601 COLLINS AVE		1.3 STREET ADDRESS	13754 SW 106 Ter	
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY-ST-ZIP	Miami, FL 33186	
TITLE	VPD	☒ DELETE	2.1 TITLE	~~VPD~~ Frank Varona VPD	☒ Change ☐ Addition
NAME	JAMES PUGLISE		2.2 NAME	Frank Varona	
STREET ADDRESS	17505 SW 87TH AVE		2.3 STREET ADDRESS	10201 SW 111 Street	
CITY-ST-ZIP	MIMIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33186	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	VICAR HERNANDEZ		3.2 NAME	Hector Garcia	
STREET ADDRESS	6925 SW 65 AVE		3.3 STREET ADDRESS	1755 Washington Ave #3A	
CITY-ST-ZIP	S.MIAMI FL		3.4. CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	S	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	WILLY ESTEBAN		4.2 NAME	Sean Boesinger	
STREET ADDRESS	3900 NW 79 AVE 532		4.3 STREET ADDRESS	1301-B S. Franklin Ave	
CITY-ST-ZIP	MIAMI FL 33166		4.4 CITY-ST-ZIP	Home Stead, FL 33034	
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		

CR2E037 (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 617, 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: SIGNATURE REQUIRED 03/29/1999 305-388-2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #