SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (2)435134 R. V. R. DATA SERVICE INC. Mailing Address Principal Place of Business 3900 NORTHWEST 79TH AVENUE 3900 NORTHWEST 79TH AVENUE MIAMI FL 33166 MIAMI FI 33166 3a. Date of Last Report 3. Date Incorporated or Qualified 07/13/1995 10/22/1973 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1520536 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for inlangible tax under si 190 032. Florida Statutes Yes No Country Country Ζφ 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name VEGA. ANGEL A. Street Address (P.O. Box Number is Not Acceptable) 12610 SOUTHWEST 25TH TERRACE 82 **MIAMI FL 33175** 83 85 Zip Code 84 City Fl 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE: Registered Agent signature required when reinst tring): Signature, type dipripare tinume of regeneral agent and their applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)OFFICERS AND DIRECTORS 13. Change Addition 12 DELFTE 11 TiTLE TITLE CR2E034 1.2 NAME VEGA, ANGEL NAME 13 STREET ADDRESS 12610 SW 25 TERR STREET ADDRESS MIAMI FL 14 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 21 TULE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 City - ST - ZIP Change Addition CITY - ST-ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CHTY - ST- ZIP Change Addition CITY - ST - ZIP DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 1 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 eath, 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. 64 CITY - ST - ZIP

no

GNING OFFICER OR DIRECTOR

SIGNATURE:

PRES, (305) 592-7010