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Secretary of State
04-30-1999 90195 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # F97000004312

1. Corporation Name
DATALOG INC.

Principal Place of Business	Mailing Address
PO BOX 640-323 NORTH MIAMI BEACH FL 33164-0323	PO BOX 640-323 NORTH MIAMI BEACH FL 33164-0323

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1351 NE Miami Gardens Drive Suite, Apt. #, etc. 22 1104 - East City & State 23 North Mia Beach Zip 24 33179 Country 25 U.S.A.	2a. Mailing Address 26 P.O. Box 640-323 Suite, Apt. #, etc. 27 City & State 28 North Mia. Beach Zip 29 FL 33164 Country 30 U.S.A.	3. Date Incorporated or Qualified 08/15/1997 4. FEI Number 65-0744970 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required 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
WARREN, PAUL A 941 NE 169TH ST, APT 218 NORTH MIAMI BEACH FL 33162 Same agent Just change address	81 Name Warren, Paul A 82 Street Address (P.O. Box Number is Not Acceptable) 1351 NE Mia. Gardens Drive, 1104-E 83 North Miami Beach 84 City FL 85 Zip Code 33179

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 _____ 03/18/99
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	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, PAUL A		1.2 NAME	
STREET ADDRESS	941 NE 169TH ST, APT 218 1351 NE Mia. Gdns Dr.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162 Mia, FL 33179		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER-WARREN, CATHERINE		2.2 NAME	
STREET ADDRESS	941 NE 169TH ST, APT 218		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		2.4 CITY-ST-ZIP	
TITLE	VC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FABRI, ZACHARY		3.2 NAME	
STREET ADDRESS	14460 MONROE ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHARLOT, ADMIEL		4.2 NAME	
STREET ADDRESS	355 NE 169TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		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: SIGNATURE REQUIRED 03/15/99 305-947-8306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #