

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 # L70617

1. Corporation Name

DATA MAGIC SOLUTIONS, INC.

Principal Place of Business

4710 N.W. 102 AVENUE  
UNIT #102  
MIAMI FL 33178

Mailing Address

9737 N.W. 41 STREET  
SUITE #320  
MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1990

4. FEI Number

65-0201783

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUENTES, GLADYS  
5018 S.W. 148 PLACE  
MIAMI FL 33185

81 Name

Gladys Fuentes

82 Street Address (P.O. Box Number is Not Acceptable)

4710 N.W. 102 Avenue

83

Unit #102

84 City

Miami

FL

85 Zip Code

33178

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

Gladys Fuentes President

1/14/99

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 PT  
NAME FUENTES, GLADYS  
STREET ADDRESS 5018 S.W. 148 PLACE  
CITY-ST-ZIP MIAMI FL 33185

1.1 TITLE PT/N/S  
1.2 NAME Gladys Fuentes  
1.3 STREET ADDRESS 4710 N.W. 102 Avenue, Unit #102  
1.4 CITY-ST-ZIP Miami, FL 33178

TITLE VS  
NAME CAMEJO, MADELINE  
STREET ADDRESS 4710 N.W. 102 AVENUE, UNIT #102  
CITY-ST-ZIP MIAMI FL 33178

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

Gladys Fuentes

1/14/99

(305) 593-8871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0256673

CR2E034 (1/98)

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90045 014 \*\*\*158.75

