FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

M15198

(8)

INTERDATA GROUP CORPORATION

FILED Apr 26 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address									
C/O JORGE L. PEREIRA C/O JORGE L. PEREIRA 1006 SW 87TH AVE 1006 SW 87TH AVE									
MIAMI FL 33174		MIAMI FL 33174			3. Date Incorporated or Qualified				
2. Principal Place	e of Business	2a. Mai¹ing Address		. -		4. FEI Number 59-2556942	_	,	Applied For Not Applicable
Suite, Apt. #, (etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip 24	Country 25	Zip 29	30	intry		8. This corporation has liability for Florida Statutes	intangible t	ax under s	199.032,
<u> </u>	9. Name and Address of Cur		11	T		10. Name and Address of New F	Registered	Agent	
				81	Name				
PEREIRA, JORGE L.				82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
1005 SW MIAMI FL	87TH AVE 33174								
				84	City		FL	85 Zi	ip Code
		VOV 1 007 1 000 Florido Pto	Lutso the obe		amed corna	ration submits this statement for the pured of directors. Thereby accept the app	roose of ch	anging its	registered office
12.		AND DIRECTORS	(501): Regretered 13.		Steph cat life that profe	ADDITIONS/CHANGES TO OF		D DIRECTO	
TIFLE NAME	PST PEREIRA, JORGE L.		12 N	IAME	ADDRESS				_
STREET ADDRESS	1005 SW 87TH AVE			OTY - SI					
CITY-ST-ZIP TIFLE	MIAMI FL	DELETE	2.1					Change	Addition
NAME		_	2 2 N	IAME					
STREFT ADDRESS			235	STREET	ADDRESS				
CITY-ST-ZIP			240	CITY - S	T - ZIP				P Later
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NAME			1	NAME					
STREET ADDRESS					ADDRESS				
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TITLE NAME				NAME					
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CITY-ST-ZIP			440	CITY - S	T - ZIP				
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NAME			521	NAMÉ					
STREET ADDRESS			53	STREET	ADDRESS				
CITY-S1-ZIP		ED 80.075		C11 Y - S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		☐ DELETE	l l	TITLE				onenge	C) Madician
NAME			1	NAME CLOSET	ADDRESS				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			■ 64	CITY - S	or AP 1	for the exemption stated in Section 11	0.07(2)/(2)	Florida Stat	utes I further

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. 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 change or on an attachment with an address.

JORGE L. PEREIRA

SIGNATURE:

PRESIDENT PRESIDENT SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 305-266-0575 Dayne Proce #