

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **M35563** (9)1. Corporation Name
SUPERIOR DATA, INC.

Principal Place of Business

**782 NW 42 AVENUE
SUITE 534
MIAMI FL 33126
US**

Mailing Address

**782 NW 42 AVENUE
SUITE 534
MIAMI FL 33126-5548
US**

3. Date Incorporated or Qualified

07/22/1986

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 782 NW 42 Avenue

2a. Mailing Address

26 782 NW 42 Avenue

Suite, Apt. #, etc.

22 Suite 430

Suite, Apt. #, etc.

27 Suite 430

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33126

Country

25

Zip

29 33126

Country

30

4. FEI Number

59-2695954

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

**MEMBIELA, JOAQUIN
782 NW 42 AVENUE
SUITE 534
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
782 NW 42 AVENUE

83

84 City **Suite 430****MIAMI****FL**85 Zip Code
33126

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETENAME **MEMBIELA, JOAQUIN**STREET ADDRESS **782 NW 42 AVENUE, #534**CITY-ST-ZIP **MIAMI FL**TITLE **S** ☐ DELETENAME **MEMBIELA, MARTA**STREET ADDRESS **782 N.W. 42 AVE., #534**CITY-ST-ZIP **MIAMI FL**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

782 NW 42ND AVENUE #430**MIAMI, FL 33126**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

782 NW 42ND AVENUE # 430**MIAMI, FL 33126**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition

14. I do 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.

SIGNATURE:

JOAQUIN R. MEMBIELA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97

Date

(305) 446-4006

Daytime Phone #

CR2E034 (9/96)