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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M35563

(9)

SUPERIOR DATA, INC.

001 L	HIQH DATA; INO				
Principal Place	e of Business	Mailing Address			
782 NW 42		782 NW 42 AVENUE			
STE 430	04.00	STE 430		DO NOT WRITE IN	THIS SDACE
MIAMIFL 3 US	3126	MIAMI FL 33126 US		3. Date Incorporated or Qualified	ITIIS SPACE
••				07/22/1986	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2695954	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·		Fee Hequired
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28) Žip	Country	8. This corporation owes or has paid the	
24	25	<u></u> ⊢¬	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regist	tered Agent
	IEMBIELA, JOAQUIN		81 Name		
	82 NW 42 AVENUE	ess (P.O. Box Number is Not Acceptable)			
STE 430					
M	IIAMI FL 33126		83		
			84 City		FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	e the above-named corn	voration submits this statement for the num	· ()
office or re	egistered agent, or both, in the State of manifestered agent, or both, in the State of manifester with, and accept the obligations.	of Florida, Such change was a	uthorized by the corporat	oration submits this statement for the purp ion's board of directors. I hereby accept th	e appointment as registered
· -	m tanwar win, and accept the obligat	lions of, Section 607.0303, Fig.	nua statutes.		Į
SIGNATURE	Signature, typed or printed man e of registered agent	and the flappicable (NOTE	Registered Agent signature requir	ed when reinstaling) C	DATE
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PTD	☐ DELETE	1.1 TOLE		Change L. Addition
NAME	MEMBIELA, JOAQUIN		1.2 NAME		
STREET ADDRESS	782 NW 42ND AVE #430 MIAMI FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	S S	DELETE	1.4 CITY-ST-ZIP 21 TITLE		Change Addition
NAME	MEMBIELA, MARTA	LJ beter	2.2 NAME		
STREET ADDRESS	782 NW 42ND AVE #430		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	31 THILE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP			3 4. CiTY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			. 4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELÉTE	4.4 City-St-ZiP 5.1 title		Change Addition
TITLE		□ otteir	5.1 TILLE 5.2 NAME		C Orange C Regulation
NAME Street Address			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TIFLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or suppliemental 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 Jaquen Membelle 4/20/98 (305) 446-4006					