

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90213 025 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000001350					
1. Corporation Name SOUTHEAST FLORIDA DATABASE DEVELOPERS GROUP, INC					
Principal Place of Business 6925 SW 65 AVE SOUTH MIAMI FL 33143 US			Mailing Address 6925 SW 65 AVE SOUTH MIAMI FL 33143 US		



2. Principal Place of Business 21 13754 SW 106 Ter Suite, Apt. #, etc. 22		2a. Mailing Address 26 13754 SW 106 Ter Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/22/1993	
City & State 23 Miami, FL Zip Country 24 33186 25 US		City & State 28 Miami, FL Zip Country 29 33186 30 US		4. FEI Number 65-0431761 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	
9. Name and Address of Current Registered Agent PUGLISE, JAMES D 17505 SOUTHWEST 87TH AVENUE MIAMI FL 33157				10. Name and Address of New Registered Agent 81 Name Varona Frank 82 Street Address (P.O. Box Number is Not Acceptable) 19201 SW 111 Street 83 84 City Miami FL 85 Zip Code 33186	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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 617.0503, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE 3/29/99					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	Pd ☒ Change ☐ Addition
NAME	ROSS TERMAN	1.2 NAME	Leonardo Peña
STREET ADDRESS	5601 COLLINS AVE	1.3 STREET ADDRESS	13754 SW 106 Ter
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	VPD ☒ DELETE	2.1 TITLE	Frank Varona UPD ☒ Change ☐ Addition
NAME	JAMES PUGLISE	2.2 NAME	Frank Varona
STREET ADDRESS	17505 SW 87TH AVE	2.3 STREET ADDRESS	19201 SW 111 Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	TD ☒ DELETE	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	VICAR HERNANDEZ	3.2 NAME	Hector Garcia
STREET ADDRESS	6925 SW 65 AVE	3.3 STREET ADDRESS	1755 Washington Ave #3A
CITY-ST-ZIP	S.MIAMI FL	3.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	S ☒ DELETE	4.1 TITLE	S ☒ Change ☐ Addition
NAME	WILLY ESTEBAN	4.2 NAME	Sean Boessinger
STREET ADDRESS	3900 NW 79 AVE 532	4.3 STREET ADDRESS	1301-B S. Franklin Ave
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	Home Stead, FL 33034
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	

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 617, 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
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

03/29/1999 305-388-2100
 Daytime Phone #

CR2E037 (1/98)