**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000027879 (4)**

1. Corporation Name
**DATACORP INTERNATIONAL INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10220 NW 47 STREET<br>SUNRISE FL 33351<br>US | 10220 NW 47 STREET<br>SUNRISE FL 33351<br>US |

3. Date Incorporated or Qualified: 04/14/1993
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21 10100 W. SAMPLE RD.
Suite, Apt. #, etc.
22 SUITE # 300
City & State
23 CORAL SPRINGS, FL
Zip 24 33065 Country 25 U.S.A.

2a. Mailing Address
26 P.O. BOX 8983
Suite, Apt. # etc.
27
City & State
28 CORAL SPRINGS, FL
Zip 29 33075 Country 30 U.S.A.

4. FEI Number: 65-0435680 ☐ 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

**DATA, RAJKUMAR**
**10220 NW 47 STREET**
**SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name: DATA, RAJKUMAR
82 Street Address (P.O. Box Number is Not Acceptable): 10121 N.W. 58th CT.
83
84 City: PARKLAND FL 85 Zip Code: 33076

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: R. DATA P 07/09/96
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 | P | ☐ DELETE | 1.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | DATA, RAJKUMAR | | 1.2 NAME | DATA, RAJKUMAR | |
| STREET ADDRESS | 10220 NW 47 STREET | | 1.3 STREET ADDRESS | 10121 NW 58th CT., | |
| CITY-ST-ZIP | SUNRISE FL | | 1.4 CITY-ST-ZIP | PARKLAND, FL 33076 | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | DATA, SHAFALI | | 2.2 NAME | DATA, SHAFALI | |
| STREET ADDRESS | 10220 NW 47 STREET | | 2.3 STREET ADDRESS | 10121 NW 58th CT., | |
| CITY-ST-ZIP | SUNRISE FL | | 2.4 CITY-ST-ZIP | PARKLAND, FL 33076 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET 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 | | | 4.4 CITY-ST-ZIP | | |
| 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 | | |

CR2E034 (3/96)

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)(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.

**SIGNATURE:** R. DATA 07/09/96 (954) 345-6384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064255 CP