

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moram Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000028694 (6)**

1. Corporation Name

BYTE SHOP INFORMATICA, INC.



Principal Place of Business

Mailing Address

**2155 NW 79 AVE.
MIAMI FL 33126
US**

**2155 NW 79 AVE.
MIAMI FL 33122-1617
US**

3. Date Incorporated or Qualified

04/19/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1626 NW 82 AV.
Suite, Apt. #, etc.

26 1626 NW 82 AV.
Suite, Apt. #, etc.

4. FEI Number

65-0410491

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

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

Country

24 33126 25 DAE

Zip

Country

29 33126 30 DAE

9. Name and Address of Current Registered Agent

**DEL CARMEN LLADO, MARIA
5071 S.W. 142 PLACE
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	P	☐ DELETE
NAME	DEL CARMEN LLADO, MARIA	
STREET ADDRESS	5071 S.W. 142 PLACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VP	☐ DELETE
NAME	IGLESIAS, JORGE	
STREET ADDRESS	5401 COLLINS AVE #215	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for an 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/97

CR2E034 (9/96)