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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300062925

FILED Mar 02, 1999 8:00 am Secretary of State

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•			DI S.W. 92ND PLACE									
2301 S.W. 92ND PLACE MIAMI FL 33165 2301 S.W. 92ND PLACE MIAMI FL 33165						DO NOT WRITE IN THIS SPACE						
							2 Data Inc.	orporated or Quali	•	IN IHIS	SPACE	
							09/09/	•	ieu			
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Num				A	pplied For
21		26	-				65-043	35583				lot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					e of Status Desire	d È			Additional Required
City & Stat	te		City & State				6. Election	Campaign Financ	ing _]	\$5.00	May Be
23		28	•				Trust Fu	nd Contribution	L	_l 	Added	to Fees
Zip	Country		Zip	Cour	itry		1 '	oration owes the	current	year Inta		
24	25	29		30				Property Tax.			☐Yes	□No
	9. Name and Address of Curre	nt Regis	tered Agent		81Na		10. Name a	nd Address of Ne	w Reg	istered A	agent	
 םֿ∩ו	RGE VALDES				o iiva	····	orge	Valde	<u> 3 </u>			
	1 SW 92 PL					eet Addre	ss (P.O. Box N	lumber is Not Acc	eptable)		
	TE C-103			1	لص 83	301	Sw 9	<u>a 71 </u>				
	MI FL 33165				"							
					84 Cit	MiA	ami.			FL.	33	Code 3 1 6 5
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obliga	of Florid	ta. Such change was a	uthorized	by the c	ned corpo corporation	ration submits n's board of dir	this statement for ectors. I hereby a	the pui ccept th	rpose of one appoint	changing it itment as r	s registered egistered
SIGNATURE												1
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	Signature, typed or printed name of registered age				gent signa	ture required	when reinstating)	IS/CHANGES TO	OFFIC	DATE ERS AN	D DIRECT	ORS IN 12
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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 hustee 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

305 - 275 - 2727

Daytime Phone #

22E034 (11/98)