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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000019113 1. Corporation Name

AV-DATA, INC.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90096 021 ***150.00



Principal Place	of Business	Mailing Address			1 10511051 113 131(1 51311 55111 55111 55111			
731 E. 7TH STREET 731 E. 7TH STREET								
HIALEAH FL 330	310	HIALEAH FL 33010	•	*	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					03/11/1994			
2. Principal Pl	ace of Business	2a. Mailing Addre	SS		4. FEI Number		olied For	
21		26			65-0477479		Applicable	
Suite, Apt. :	#, etc. 	Suite, Apt. #,	etc.	<u></u>	5. Certifcate of Status Desired	\$8.75 A Fee Red	quired	
City, & State		City & State			Frust Fund Contribution Added to Fees			===
Zip Country		Zip	Со	untry	8. This corporation owes the current year intangible			
25		29	¬ '		Personal Property Tax.			
	9. Name and Address of C		11	1	10. Name and Address of New Register	ed Agent		
				81 Name				
LLOF	rens, julke r.			82 Street Ac	Idense (D.O. Boy Number in Net Acceptable)			
731 E. 7TH ST.					Idress (P.O. Box Number is Not Acceptable)		İ	
HIAL	EAH FL 33010			83				
						12-1	\	l
				84 City		L 85 Zip C		ĺ
11, Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florid	a Statutes, the	above-named co	proporation submits this statement for the purpose	of changing its	registered	
office or re	egistered agent, or both, in the improvement in the interest and accept the control of the contr	State of Fiorida, Such chanc	e was autnonze	ed by the corpora	ation's board of directors. I hereby accept the ap	pomiment as reg	Jistered	
=	in terrinal war, and doops no	obligations on account to the	,					
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstating) DATE			Ó
12.	OFFICER	RS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS			9
TITLE	D		LETE 1.11	ITLE		Change	☐ Addition	٦
NAME	llorens, julke r		1.21	NAME				3
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CITY-ST-ZIP			5.4	ÇITY-ST-ZIP]
TITLE			LETE 6.1	TITLE		☐ Change	Addition	
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CITY-ST-ZIP			6.4	CITY-ST-ZIP				
UILL-OL*AIC	i							

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 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR