FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 6:26

DOCUMENT # **P94000044046 (8)**

1. Corporation Name
DATA BUSINESS SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1137 W. 5TH STREET ONTARIO CA 91762	1137 W. 5TH STREET ONTARIO CA 91762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1994	3a. Date of Last Report: N/A
2. Principal Place of Business 21: 1137 W. 5th st.	2a. Mailing Address 26: 1137 W. 5th st.
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Ontario Ca.	City & State 28: Ontario Ca.
Zip 24: 91762 Country 25: S.B.	Zip 29: 91762 Country 30: S.B
4. FEI Number: 33-0619679 ☐ 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

SANTANA, FRANCIS X
28 W. 5TH STREET
ONTARIO FL 91762

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and date of acceptance — Registered Agent's signature required when qualifying — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition PD
NAME	PINEDA, JULIO	12 NAME	Pineda, Julio
STREET ADDRESS	1137 W. 5TH STREET	13 STREET ADDRESS	1137 W 5th st.
CITY-ST-ZIP	ONTARIO CA 91762	14 CITY-ST-ZIP	ontario Ca. 91762
TITLE	SD	21 TITLE	☐ Change ☐ Addition SD
NAME	PINEDA, PATRICIA	22 NAME	Pineda, Patricia
STREET ADDRESS	1137 W. 5TH STREET	23 STREET ADDRESS	1137 W. 5th St.
CITY-ST-ZIP	ONTARIO CA 91762	24 CITY-ST-ZIP	ontario Ca. 91762
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ 3/30/95 (909) 467-1554
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0481648 FP