SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 28 AM 7:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000071499 (5)

1. Corporation Name
DATA TRANSACTION, INC.

Principal Place of Business	Mailing Address
8877 FOUNTAINEBLEAU BLVD. BUILDING A. # 204 MIAMI FL 33172	8877 FOUNTAINEBLEAU BLVD. BUILDING A. # 204 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 9111 S.W. 10th Terrace
Suite, Apt #, etc: 22 —
City & State: 23 Miami, Florida
Zip: 24 33174 Country: 25 USA

2a. Mailing Address: 26 9111 S.W. 10th Terrace
Suite, Apt #, etc: 27 —
City & State: 28 Miami, Florida
Zip: 29 33174 Country: 30 USA

4. FEI Number: 65-0524065 ☑ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $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
ALBERRO, ROBERTO
8877 FOUNTAINEBLEAU BLVD.
BUILDING A, # 204
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name: Roberto Alberro
82 Street Address (P.O. Box Number is Not Acceptable): 9111 S.W. 10th Terrace
83
84 City: Miami, Florida FL 85 Zip Code: 33174

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 X [signature] 7/24/95
Date

12. OFFICERS AND DIRECTORS		13.		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ALBERRO, ROBERTO	1.2 NAME	Roberto Alberro	
STREET ADDRESS	8877 FOUNTAINEBLEAU BLVD., BLDG. A-204	1.3 STREET ADDRESS	9111 S.W. 10th Terrace	
CITY ST ZIP	MIAMI FL 33172	1.4 CITY ST ZIP	Miami, Florida 33174	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY ST ZIP		2.4 CITY ST ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST ZIP		3.4 CITY ST ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/20/95 (305) 559-0664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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