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Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # P94000071499 (5)

1. Corporation Name
DATA TRANSACTION, INC.



Principal Place of Business
9111 SW 10TH TERRACE
BUILDING A-1-004
MIAMI FL 33174
US

Mailing Address
9111 SW 10TH TERRACE
BUILDING A-1-004
MIAMI FL 33174-3170
US

PLEASE
CORRECT
Address

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

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

3. Date Incorporated or Qualified
09/26/1994

3a. Date of Last Report
04/19/1996

4. FEI Number
65-0524065

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
ROBERTO ALBERRO
9111 SW 10TH TERRACE
BUILDING A-1-004
MIAMI FL 33174

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the two-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]* ROBERTO ALBERRO President 5/8/97
Signature of person for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	ALBERRO, ORLANDO SR.	2353 NW 33RD STREET	MIAMI FL	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Roberto ALBERRO	9111 S.W. 10 th Terrace	Miami, Florida 33174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 registered 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 or changed, or on an attachment with an address.

SIGNATURE *[Signature]* 4/10/97 (305) 554-0664

CR2E034 (9/96)