Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000080782

Principal Place of Business

FIDELITY NETWORK DATA SERVICES, INC.

10680 SW 113TH PL SUITE 101 MIAMI FL 33176		10680 SW 113TH PL SUITE 101 MIAMI FL 33176		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  11/03/1994			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0534069	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Desired		
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip 24	Country Zip C 25 29 30		Country	b, this surprise		No	
24	9. Name and Address of Curre		<u>,                                     </u>		10. Name and Address of New Registered Ag	jent	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81	Name			
1068	A OSA, CARLOS M O SW 113TH PLACE	191	82	Street A	ddress (P.O. Box Number is Not Acceptable)		
SUIT	E 101		83				
MIAN	AI FL 33176		84	City	FI.	85 Zip (	Code
office or nagent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fiorid ent and title if applicable. (NOTE: Re	a Statutes	·. 	ation's board of directors. I hereby accept the appoint		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	CHAVEZ, JERRY		1.2 NAME	1			
STREET ADDRESS	10680 SW 113TH PL		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176	□ DELETE	1.4 CITY-S	T-ZIP		Change	☐ Addition
TITLE	DV 1005 I	☐ DETEIE	2.1 TITLE				
NAME	NOVO, JOSE I		2.2 NAME	T 4 DD 0500			
STREET ADDRESS	10680 SW 113TH PL MIAMI FL 33176		2.3 \$ IREE	TADDRESS			
CITY-ST-ZIP	DST DST	□ DELETE	3.1 TITLE	31-ZIP		Change	☐ Addition
NAME .	DE LA OSA, JORGE L		3.2 NAME				
STREET ADDRESS	TARRO ON AMETICA	•		TADDRESS	• :		g / / "11
CITY-ST-ZIP	MIAMI FL 33176		3,4. CITY-	ST-ZIP			4
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE			change	☐ Vocanous
NAME		•	5.2 NAME	TADDRESS			•
STREET ADDRESS	10		1	T ADDRESS	•		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-9 6.1 TITLE	51-ZIP		Change	Addition
TITLE			6.2 NAME				
NAME				T ADDRESS			

to 100 the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an item of acute this report as required by Chapter 607, Florida Statutes; and that my name appears in the allother like empowered. 14. I hereby certify that the information supplied with this filling does not qualify for indicated on this annual report or supplemental annual report is true and according to the corporation or the receiver or trustee empowered to block 12 or Block 13 if changed, or on an attachment with an address, with all

SIGNATURE:

Carlos de la Osa

01/07/99

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90056 050 \*\*\*150.00

(305) 273-3000