Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90023 036 ***150.00

TI KHONKHUN KIN KONIN NIKAL NOME DOMA NOMEN ARKIN ARKIN ARKIN ARKIN ARANG FOLDE UKAN KANAL KONI JUBI

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 # **P95000054858**

1. Corporation Name

OSORNO DATA PROCESSING, INC.

Principal Place of Business Mailing Address								
7529 SANTA MO MARGATE FL 3		7529 SANTA MONICA DR. MARGATE FL 33063						
						DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualifed		
						07/17/1995		
2. Principal Pl	lace of Business	2a. Mailing Addre	ess			4. FEI Number		pplied For
21		26				NOT APPLICABLE		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certifcate of Status Desired		Additional
22		27						Required
City & State	ه برهانه این	- City & State	والكريمة المجالسين			~6.~ Election Campaign Financing ~~		May Be
23		28				Trust Fund Contribution	····	I to Fees
Zip	Country	Zip		Country		8. This corporation owes the curren		П.
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent		81	Massa	10. Name and Address of New Reg	Jisterea Agent	
TUE	LAW FIRM OF LAWRENCE J SF	DIECEL CHOTO		0	Name			
		TEGEL CHNID		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
	ALMERIA AVENUE							
COR	IAL GABLES FL 33134			83				
				84	City		85 Zip	Code
				1-1	•		FL 👸	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	la Statutes, the	e above-	named corpo	oration submits this statement for the pu	rpose of changing it	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chang tions of, Section 607.0	je was authoria 505, Florida S	zed by th tatutes.	ne corporatio	n's board of directors. I hereby accept t	he appointment as r	egisterea
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chang tions of, Section 607.0	je was authori; 505, Florida S	zed by th tatutes.	ne corporatio	n's board of directors. I hereby accept t	he appointment as r	egistered
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CITY-ST-ZIP 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 attactment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

JANTON W. MORACES)

Change

☐ Addition