03-08-1999 90047 030 \*\*\*150.00

## 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 # P95000058087

GENERAL DATA RESOURCES, INC.

Principal Place	of Business	Mailing Address								
17144 SW 79TH COURT		17144 SW 79TH COURT								
MIAMI FL 33157		MIAMI FL 33157				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed				
						0	7/25/1995	·	<del></del>	
2. Principal Pla	ace of Business	2a. Mailing Address			_	1	I Number			oplied For
21		26				_ 6	<u>5-0599590                               </u>			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. C	ertifcate of Status Desired			Additional equired
City & State		City & State	City & State			6. El	ection Campaign Financing	' 🛮	\$5.00	May Be
23		28				Tr	ust Fund Contribution	Ш	Added	to Fees
Zip	Zip Country Zip			Country			nis corporation owes the cu	rrent year Int	angible	∵
24	25	29	10			Pe	ersonal Property Tax.	,	Yes	No
	9. Name and Address of Curre	nt Registered Agent				10. N	ame and Address of New	Registered	Agent	
200			8	1	Name					}
OSORIO, ALFRED A 17144 SW 79 CT			8	2	Street Add	Iress (P.O.	Box Number is Not Accep	table)		
	4 5W 79 C1 11 FL 33157		8	2			<del></del>			
IAIIVIA	II FE 33137		0	3			·	<u></u>		
			8	4	City			FL	85 Zip	Code
office or re agent. I ar SIGNATURE	o the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was autations of, Section 607.0505, Florid	horized b da Statute	y th∙ ⊋s.	ie corporatii	ion's boar	of directors. I nereby acc	ept the appoi	changing its ntment as re	registered (
	Signature, typed or printed name of registered ag			jent si	signature require			DATE	ID DIDECTO	DE IN 12
12.		ND DIRECTORS	13.			AD	DITIONS/CHANGES TO O	FFICERS AI	Change	Addition
TITLE	PSD ALEBEDO	□ perete	1.2 NAME		1				[_] onenge	
NAME	OSORIO, ALFREDO		1.3 STREE		DDDCOO					{
STREET ADDRESS	17144 SW 79TH COURT				Į.					
CITY-ST-ZIP	MIAMI FL 33157	☐ DELETE	1.4 CITY-		<u> </u>				Change	Addition
TITLE	VTD OSORIO, INGRID M		2.2 NAME						C) 4//9-	
NAME	17144 SW 79 CT		4		DDDECC					
STREET ADDRESS	MIAMI FL		2.3 STRE			i				
CITY-ST-ZIP TITLE	MINIMI FC	□ DELETE	2.4 CITY 3.1 TITLE		ZIP		· ·	<del></del>	. Change	Addition
			3.2 NAME							
NAME STREET ADDRESS			3.3 STRE		DORESS					Ì
			3.4. C/TY							ļ
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		-				☐ Change	☐ Addition
NAME			4. 2 NAM	E						
STREET ADDRESS			4.3 STRE	ET A	DORESS		•			Ì
CITY-ST-ZIP			4.4 CITY-		Į.					
TITLE		☐ DELETE	5.1 TITLE						Change	☐ Addition
NAME			5.2 NAME	E						
STREET ADDRESS			5.3 STRE	ETA	DDRESS					1
CITY-ST-ZIP			5.4 CITY-	-ST-Z	ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE	=					Change	☐ Addition
NAME			6.2 NAME	E						
STREET ADDRESS			6.3 STRE	ETA	ODRESS					
CITY-ST-ZIP			6.4 CITY-	-ST-2	ŽIP		•			

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 changes or or an attachment with as adoptes, with all other like empowered.

SIGNATURE: