

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90073 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000067791

1. Corporation Name
VIRTUAL DATA SYSTEMS INC.



Principal Place of Business: 7351 NW 7TH ST. G MIAMI FL 33126

Mailing Address: 2201 BRICKELL AVENUE #76 MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	7351 NW 7TH ST	26	2201 BRICKELL AVENUE #76	09/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	G	27	G	65-0612180	
City & State		City & State		5. Certificate of Status Desired	
23	MIAMI, FL	28	MIAMI, FL	<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	33126	29	USA	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax.			
LLORENS, PEDRO 2201 BRICKELL AVENUE #76 MIAMI FL 33129		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		81 Name		10. Name and Address of New Registered Agent	
LLORENS, PEDRO 2201 BRICKELL AVENUE #76 MIAMI FL 33129		LLORENS, PEDRO		7351 NW 7TH ST STE G	
		82 Street Address (P.O. Box Number is Not Acceptable)		7351 NW 7TH ST STE G	
		83			
		84 City		MIAMI, FL	
		85 Zip Code		FL 33126	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLORENS, PEDRO	1.2 NAME	LLORENS, PEDRO
STREET ADDRESS	2201 BRICKELL AVE #76	1.3 STREET ADDRESS	7351 NW 7TH ST STE G
CITY-ST-ZIP	MIAMI FL 33129	1.4 CITY-ST-ZIP	MIAMI FL 33126
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCAHN, VIRGIL	2.2 NAME	MOCAHN, VIRGIL
STREET ADDRESS	260 N.W. 107 AVE #219	2.3 STREET ADDRESS	7351 NW 7TH ST STE G
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	MIAMI FL 33126
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:  1-15-99 305 269-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)