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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000091287 (9) DOCUMENT #

JD COMPUTER SERVICES, INC.

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										I INTELIBRE LIN JAJOT RIVER BATTE BATTE	IBIN BBNS 1	D 96 40000 01000 10	1111 1 00 1 1 00 1	
4019 CARAMI COCONUT CI	P.O. BOX 822207							DO NOT WRIT	E IN THE	S SPACE				
				South		IDA			Bsc		Date Incorporated or Qualified 01/01/1996			
2. Principal P	ac e o f Busi	2a. Mailing		¥ ¥ -	·				FEI Number		A	pplied For		
21	B							65-0629179		N	lot Applicable			
Suite, Apt.	Suite, Apt. #, etc.				5. (Certificate of Status Desired			Additional					
22	7						 -	· · · · · · · · · · · · · · · · · · ·			equired			
City & State	City & State							Election Campaign Financing			May Be			
Zip Country				Zip Country						 	Trust Fund Contribution	<u> </u>		to Fees
24	25			9]	ı `				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name		Istered Agent					10, Name and Address of New Registered Agent						
DIAZ, AIXA M								81 Name						
401					Chrosh	6 alal-a-	ess (P.O. Box Number is Not Acceptable)							
l co					Street	Addres	S\$ (P.C	O. Box Number is Not Accepta	iDIe)					
							83							
							84	City					85 Zip	Code
44 Durayant	to the provin	ions of Coations	007.0000 and	2 CO 7 1 CO 0	Flavida Ctat.	400 400 0						<u>FI</u>		
office or re	egistered ac m familiar w	ent, or both, in the ith, and accept the	ne State of Fil ne obligations	submits this statement for the pard of directors. I hereby accepted	purpose apt the ap	of changing a pointment as	ts registered registered							
SIGNATURE		•	5	. ,										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I								agistered Agent signature required				DATE		
12.	D .	OFFICE	RS AND DIF		DELETE	13.	T. F		···	A[DDITIONS/CHANGES TO OFFI	CERS AN		
TITLE NAME	DIAZ, JO	OSE I		L) pereie	1.1 1							Change	☐ Addition
]	Н	1.2 NA												
STREET ADDRESS	1.3 0			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						i				
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CITY-ST-ZIP	, -			incci STY-5				•	144					
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CITY-ST-ZIP						6.4 C	TY-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 13 if changed, or longer an address.