

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000038751 (8)

1. Corporation Name

DATAPRO SYSTEMS GROUP INC.



Principal Place of Business

Mailing Address

~~1042 E 19TH ST~~ 5209 NW 74 AV
~~MIAMI FL 33013~~ Suite 209
MIAMI, FL 33166

P O BOX 110284
HIALEAH FL 33011-0284

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

67-0748777

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 5209 NW 74 AV

Suite, Apt. #, etc.

22 Suite 209

City & State

23 MIAMI, FL

Zip

24 33166

Country

2a. Mailing Address

26 P.O. Box 110284

Suite, Apt. #, etc.

27 Hialeah

City & State

28 FL

Zip

29 33011-0284

Country

30

9. Name and Address of Current Registered Agent

RAMIREZ, JORGE

~~1042 E 19TH ST~~ 5209 NW 74 AV
~~MIAMI FL 33013~~ Suite 209
MIAMI, FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 *Jorge Ramirez Pres.*

4-28-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

DP
NAME RAMIREZ, JORGE
STREET ADDRESS 1042 E 19TH ST
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ DELETE

DV
NAME RAMIREZ, ELIZABETH
STREET ADDRESS 1042 E 19TH ST
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DP
RAMIREZ, JORGE
5209 NW 74 AV suite 209
MIAMI, FL 33166

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DV
RAMIREZ, ELIZABETH
5209 NW 74 AV suite 209
MIAMI, FL 33166

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *Jorge Ramirez Pres.*

305-594-2063

CR2E034 (10/97)