## 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

P97000069656 (1) DOCUMENT #

## **FILED** May 08 1998 8:00am Secretary of State

EURODATA INC.										us sur issi	
Principal Place of Bus	iness	Mailing Address	<del></del>					JUH BOUL BARD	IBRED OLIDE BU	iku diki lobi	
PO BOX 1347		PO BOX 1347	PO BOX 1347								
KEY BISCAYNE FL 331	149	KEY BISCAYNE FL 33149					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified				
							08/11/1997				
2. Principal Place of E							4. FEI Number			optied For	
	Surrise DR. 26									ot Applicable	
Suite, Apt. #, etc.	-A	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State	<b>1</b> —1	City & State					6. Election Campaign Financing		\$5.00	May Be	
23 Key BIGC	Biscoune, FL 28						Trust Fund Contribution			to Fees	
24 33 149	Country	Zip Count 30					<ol><li>This corporation owes or has p Personal Property Tax due Jun</li></ol>	aid the curr	ent year int	angible	
	25    <b>ハン</b> ハ  ame and Address of Current		1301	T			10. Name and Address of New R			7,10	
BOU, JAN				81	Name						
155 SUNRISE DR. STE. 4A					Stroot	Address	(P.O. Box Number is Not Accepta	hle)			
KEY BISCAYNE FL 33149				82	30000	Muuloss					
				83					•		
				84	City	-,-		FL	<b>85</b> Zip (	Code	
11. Pursuant to the no	ovisions of Sections 607 0502	2 and 602 1508 Flori	ria Statutes, the	abovi	a-named	COCDOTA	tion submits this statement for the	purpose of	changing if	ls registered	
office or registere	d agent, or both, in the State or with and accord the obliga-	of Florida, Such chan	ige was authorize	ed by	the corp	oration	tion submits this statement for the s board of directors. I hereby acce	pt the appo	intment as	registered	
	ar with, and accept the obliga	inoris or, decitori ooz.	.0303, Florida 3t	atutot	1						
SIGNATURE Signature.	typed or printed name of registered again	nt and title if applicable	(NOTE Register	ed Ago	nt signature	required w		DATE			
12.	OFFICERS AND		13				ADDITIONS/CHANGES TO OFFI				
TITLE D	I IANET N	DE .		TITLE		12/3	5		Change	Addition	
100	, JANET M BOX 1347			NAME	ADDD500	00	u, Javet M. Synaise DR. STE	44			
VEV	BISCAYNE FL 33149				ADDRESS			][]  2211 <i>0</i>	t		
CITY-ST-ZIP NET	DIOCHTILL I E GOTTO			CITY-S TITLE	1-21r	Ke	A DIRECTOR ! IF	251	Change	Addition	
NAME		_		NAME		71	1. 5.0	·		<b>,</b>	
STREET ADDRESS			2.3	STREET	ADORESS	Year	reim, Jose n.	łA			
CITY-ST-ZIP			2. 4	CITY-S	ST-ZIP	155	BISCAUNE FL 3	3149			
TITLE		☐ DE	LETE 3.1	TITLE		112			Change	Addition	
NAME			3.21	NAME							
STREET ADDRESS			3.3	STREET	ADORESS						
CITY-ST-ZIP	<del></del>			CITY-S	iT-ZIP					T Adres	
TITLE		□ DE		TITLE				,	L Change	Addition	
NAME				NAME							
OUTL OF TO					ADDRESS						
CITY-ST-ZIP TITLE		D DE		<u>city - s</u> title	1-2IY				Change	Addition	
NAME				NAME				•		_	
STREET ADDRESS					ADORESS						
CITY-ST-ZIP				CITY-S							
TITLE		☐ DI		TITLE					Change	Addition	
NAME			8.21	NAME							
STREET ADDRESS			6.3	STREET	ADDRESS						
CITY-ST-ZIP		<del></del>		CITY-S		L <u>.,</u>					
14. I hereby certify the	at the information supplied wit	th this filing does not	quality for the ex	kemp	tion state	ed in Sec	ction 119.07(3)(i), Florida Statutes.	i further cer	tily that the	Intermation	

Indicated on this annual report or supplied will unis ming boos not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. Further certify that the information indicated on this annual report is 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 of on an attachment with an address.