**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000088964

1. Corporation Name

GLOBAL DATA COSOURCING, INC.

Principal Place	e of Business	Mailing Address		#		(4) IRINI IRILE IRIIN K	
2555 WEST 671	TH PLACE	2555 WEST 67TH PLACE					
#23 #23				DO:	NOT WRITE IN TH	US SPACE	
HIALEAH FL 33016 HIALEAH FL 33016				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
				10/15/1997	40000		1
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number		App	lied For
14718	0		ST #23	65-0789123 × Not.		Applicable	
Suite, Apt.	ot. #, etc. Suite, Apt. #, etc.			1 2 3 3 3 3 3		\$8.75 A	dditional
22		27 SUITE 427		5. Certifcate of Status I	Desired 🔀	Fee Rec	uired
City & Stat	e	City & State	<u>-</u>	6. Election Campaign F	inancing	\$5.00	May Be
23 MIAM	LAKES, FL	28 MIAMI, FL		Trust Fund Contribut	ion	Added to	Fees
Zip	Country	Zip 33166 30 Co	untry	8. This corporation owe	•		
24 3301		USA_	Personal Property Tax. Yes No  10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address	of New Register	ed Agent	_
NAV	ADDO CHILLEDIAO		81 Name				
ORRE WEST RATIO DEACE				ass (P.O. Box Number is No			
#23			83 14713	BALLOWAN	KOAD		
#23 HIALEAH FL 33016			83				
LIEVE	EATT 1 C 000 10		84 City	1 - 14		L 85 33 C	ode
		Local Accounts Change the	MIAN		ent for the purpose		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	i Fiorida. Such change was authorize	ed by the corporation	n's board of directors. I her	eby accept the ap	pointment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida Sta	tutes.				
SIGNATURE	- untition	A DOTE PROJECTOR	ed Agent signature required	(when reinstating)	DATE		} .
12.	Signature, typed or printed name of registered agent OFFICERS AND			ADDITIONS/CHANGE		AND DIRECTOR	RS IN 12
TITLE	D			ESIDENIT	-	Change	Addition
NAME	NAVARRO, GUILLERMO	1.21	NAME	•			] .
STREET ADDRESS	ACCC MEAT ATT LINEAGE		STREET ADDRESS	112 BALLOWAN	ROAVS		
CITY-ST-ZIP	HIALEAH FL 33016			LIAMI LAKES,	Fi 3	SOL	ł
TITLE	, (22 41 1 2 3 3 4 1		TITLE			☐ Change	Addition
NAME	1		NAME				
STREET ADDRESS		2.3	STREET ADORESS				_
CITY-ST-ZIP -			CITY-ST-ZIP	•	÷ .—		
TITLE			TITLE	,		☐ Change	Addition
NAME		3.2	NAME				ļ
STREET ADDRESS		3.3	STREET ADDRESS				<b>\</b>
CITY-ST-ZIP			CITY-ST-ZIP				}
TITLE			TITLE			☐ Change	☐ Addition
NAME		4.2	NAME				
STREET ADDRESS		4.3	STREET ADDRESS				
CITY-ST-ZIP	•	1	CITY-ST-ZIP				ł
TITLE			TITLE	<u> </u>		☐ Change	Addition
NAME		<del>-</del>	NAME				
STREET ADDRESS	}	5.3	STREET ADDRESS				ļ
CITY-ST-ZIP	1						
		5.4	CITY-ST-ZIP	•			Į.
TITLE			CITY-ST-ZIP			☐ Change	Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Jeestired Desirius TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 enamed, or on an attachment with an address, with all other like empowered.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90074 041 \*\*\*158.75