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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

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DOCUMENT #	P97000098959
4. Cornoration Name	1 01 000000000

D & B MERCHANT SERVICES INC.

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Principal Place of Business	Mailing Address			t taritaer tin tarit raut editt aetti au	iert maren enemt rate	IM IMIMI MILLE IMIL IMMI	
9351 FOUNTAINBLEAU BLVD. SUITE B-119 MIAMI FL 33172	9351 FOUNTAINBLEAU BLVD. SUITE B-119 MIAMI FL 33172	TE B-119		DO NOT WRITE IN THIS SPACE			
MINIMI I'E OVII'E				 Date Incorporated or Qualifed 11/20/1997 			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Ĺ	Applied For	
21/85 Earl Card D) - 26 85 Grand C	anal	OC.	65-0795042		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	, -	.75 Additional	
City & State 23 MIAMI FL	City & State 28 MAM F			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees	
Zip Country 2: 33144-256625 USA	Zip 29 33144-2566 30	Country		This corporation owes the current Personal Property Tax.	Xye	s 🗆 No	
9. Name and Address of Cu				10. Name and Address of New Regi	stered Agent	<u> </u>	
AROCHA, ANNETTE		81	Name				
9351 FOUNTAINBLEAU BLVD.		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
SUITE B-119 MIAMI FL 33172		83					
MIMMI FL 33112		84	City		FL 85	Zip Code	
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the St agent. I am familiar with, and accept the object. 	tate of Florida. Such change was auth	orizea by	the corpor	corporation submits this statement for the pur ration's board of directors. I hereby accept th	pose of chang e appointment	ing its registered t as registered	
SIGNATURE				- industrial and institution	DATE		
Signature, typed or printed name of registered	d agent and title if applicable (NOTE: Re-		tt signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICE		RECTORS IN 12	
<u> 12. </u>	DELETE	13.		ADDITIONS/CHANGES TO OFFICE		hange Addition	
TITLE D	C) DELETE	1.1111142				—	

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE:	Registered Agent signature rec	quired when reinstating)	DATE	——_	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELETE	1.1 TITLE		Change	Addition	
NAME	AROCHA, ANNETTE	1.2 NAME			{	
STREET ADDRESS	9351 FOUNTAINBLEAU BLVD. B-119	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP			77 A 4490-	
TITLE	D DELETE	2.1 TITLE		☐ Change	Addition	
NAME	AROCHA, PABLO	2.2 NAME				
STREET ADDRESS	9351 FOUNTAINBLEAU BLVD. B-119	2.3 STREET ADDRESS			ļ	
CITY-ST-ZIP	MIAMI FL 33172	2, 4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE	•	Change	Addition	
NAME		3.2 NAME			}	
STREET ADDRESS		3.3 STREET ADDRESS			Ì	
CITY-ST-ZIP		34. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME		4, 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY+ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME	*	5.2 NAME			Ì	
STREET ADDRESS	* *	53 STREET ADDRESS			1	
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME		6.2 NAME			[
STREET ADDRESS		6.3 STREET ADDRESS			Ì	
CITY.ST.7ID		64 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:

264.911U