

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
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90010 015 ***150.00

DOCUMENT # P97000108439

1. Corporation Name
DEBORAH DATA, INC.



Principal Place of Business

1175 NE 125TH ST
STE 415
MIAMI FL 33141
US

Mailing Address

1175 NE 125TH ST
STE 415
MIAMI FL 33141
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

65-0804039

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **33161** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **33161** Country

9. Name and Address of Current Registered Agent

BRITO, LUIS G
407 LINCOLN ROAD SUITE 5B
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

Deborah Wallis

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

1175 NE 125TH ST. Ste 415

83

84 City

Miami

FL

85 Zip Code

33161

11. Pursuant to the provisions of Sections 607.0503 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PSTV
WALLIS, DEBORAH
STREET ADDRESS
900 BAY DRIVE STE 724
CITY-ST-ZIP
MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME
D
WALLIS, DEBORAH
STREET ADDRESS
900 BAY DRIVE STE 724
CITY-ST-ZIP
MIAMI BEACH FL 33141

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

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-99

305-878-3282

CR2E034 (11/98)