09101999-90012-035-$550.00-$550.00

MOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -5 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040106

Corporation Name

SAFE DATA SYSTEMS, INC.

Principal Place of Business	Mailing Address
S.W. 48TH STREET I FL	5890 S.W. 48TH STREET MIAMI FL

DO NOT WRITE IN THIS SPACE

Principal Place of Business 220 MIRACLE MILE	2a. Mailing Address 26 P.O. BOX 145238
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. 27
City & State CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip 33134 Country 25 USA	Zip 29 33114-5238 Country 30 USA

3. Date Incorporated or Qualified: 05/04/1998

4. FEI Number: 65-0849508 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAFETZ, EILEEN ESQ.
999 WASHINGTON AVENUE
MIAMI BEACH FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PSD CARMONA, LETICIA 5890 S.W. 48TH STREET MIAMI FL	☐ DELETE	1.1 TITLE S 1.2 NAME CARMONA, LETICIA 1.3 STREET ADDRESS 5890 SW 48 ST 1.4 CITY-ST-ZIP MIAMI, FL 33155	☑ Change ☐ Addition
	☐ DELETE	2.1 TITLE P 2.2 NAME NORA BLAYA 2.3 STREET ADDRESS 13601 SW 75 St 2.4 CITY-ST-ZIP MIAMI, FL 33183	☐ Change ☑ Addition
	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE TS 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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: LETICIA CARMONA 07/01/1999 305-448-7466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #