

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

FILED
May 02, 2000 8:00 am
Secretary of State

PROFIT
 CORPORATION
 ANNUAL REPORT
2000



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

DOCUMENT # **P98000049970**

1. Corporation Name
POINT OF SALES PROCESSING SERVICES, INC.

X/8



Principal Place of Business
8551 N.W. S. RIVER DR.
 MIAMI FL 33166

Mailing Address
8551 N.W. S. RIVER DR.
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1601 S.W. 67th AVE.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **1601 S.W. 67th AVE.**
 Suite, Apt. #, etc.

22

23 City & State
MIAMI, FL.

24 Zip **33155** 25 Country
 29 Zip **33155** 30 Country

3. Date Incorporated or Qualified
06/04/1998

4. FEI Number
65-0851269 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

9. Name and Address of Current Registered Agent
BATISTA, ALINA
1601 S.W. 67th AVE.
1
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Bpx Number is Not Acceptable)
1601 S.W. 67th AVE

83

84 City **MIAMI** FL 85 Zip Code **33155**

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

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **D**
 STREET ADDRESS **BATISTA, ALINA**
1601 S.W. 67th AVE.
 CITY-ST-ZIP **MIAMI, FL 33155**

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

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 **MIAMI, FL 33155** Change Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS **300003280853--4**
-06/03/00--01016--008
 2.4 CITY-ST-ZIP *****150.00 ***150.00** Change Addition

3.1 TITLE
 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: *Alina Batista* **4/29/2000** **305-265-8801**
Signature and typed or printed name of signing officer or director Date Daytime Phone #