

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90154 028 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000093814

1. Corporation Name
INMEDATA USA INC.

| | |
|---|---|
| Principal Place of Business 14813 SW 125TH PLACE MIAMI FL 33186 | Mailing Address 14813 SW 125TH PLACE MIAMI FL 33186 |
|---|---|



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1998

| | |
|-------------------------------------|-------------------------------|
| 4. FEI Number 650890-5662 | Applied For No: Applicable |
|-------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| |
|---|
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|

| | |
|--|--|
| 21. Principal Place of Business 12121 S.W. 193 TR. | 2a. Mailing Address 12121 S.W. 193 TR. |
| 22. Suite, Apt. #, etc. 1st | 27. Suite, Apt. #, etc. 1st |
| 23. City & State MIAMI, FLORIDA | 28. City & State MIAMI, FLORIDA |
| 24. Zip 33177 | 29. Zip 33177 |
| 25. Country USA | 30. Country USA |

9. Name and Address of Current Registered Agent
ACUNA, LEONARDO
8410 W FLAGLER ST, SUITE NO. 208
MIAMI FL 33144

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 85. Zip Code |

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: *[Signature]* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOT E-Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE PRESIDENT, SECRETARY & TREASURER | <input type="checkbox"/> DELETE |
| NAME JOSE L. ACUNA JIMENEZ | |
| STREET ADDRESS 12121 S.W. 193 TR. | |
| CITY-ST-ZIP MIAMI, FL 33177 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: **04-27-99** TELEPHONE: **(305) 378-1599**
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)