

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

04-29-1999 90154 028 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> 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

2. Principal Place of Business

2a. Mailing Address

21 **12121 S.W. 193 TR.**  
 Suite, Apt. #, etc.

26 **12121 S.W. 193 TR.**  
 Suite, Apt. #, etc.

4. FEI Number

65080-5662

Applied For

No: Applicable

22 **1st.**27 **1st.**5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

23 **MIAMI, FLORIDA**  
 City & State

28 **MIAMI, FLORIDA**  
 City & State

6. Election Campaign Financing ☐

**\$5.00** May Be  
 Added to Fees

24 **33177** 25 **USA**  
 Zip Country

29 **33177** 30 **USA**  
 Zip Country

8. This corporation owes the current year Intangible  
 Personal Property Tax. ☐ Yes ☒ No

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

FL

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

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT, SECRETARY & TREASURER** ☐ DELETE  
 NAME **JOSE L. ACUNA JIMENEZ**  
 STREET ADDRESS **12121 S.W. 193 TR.**  
 CITY-STATE-ZIP **MIAMI, FL 33177**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
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 STREET ADDRESS  
 CITY-STATE-ZIP

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TITLE ☐ DELETE  
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 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-279

(305) 378-1599

Date

Daytime Phone #

CR2E034 (11/98)