

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S89522 (4)**
1. Corporation Name
SUMIDATA, INC.



Principal Place of Business Mailing Address
8353 NW 66TH STREET MIAMI FL 33166 **8353 NW 66TH STREET MIAMI FL 33166**

3. Date Incorporated or Qualified **10/23/1991** 3a. Date of Last Report **01/31/1995**
4. FEI Number **65-0293061** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2057 NW 87 AVE** 26 **2057 NW 87 AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **MIAMI, FL** 28 **MIAMI, FL**
Country Zip Country
24 **33172** 25 29 **33172** 30

9. Name and Address of Current Registered Agent
MENDEZ, CARLOS
8353 N.W. 66 STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name **LARRY NONES, CPA**
82 Street Address (P.O. Box Number is Not Acceptable) **Suite 201**
83 **1985 N.W. 88 COURT**
84 City **MIAMI** FL 85 Zip Code **33172**

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]* **LARRY NONES, CPA** DATE **2/16/96**

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | JAUREQUI, WILMER |
| STREET ADDRESS | CALLE ARBOLEDA, QTA. SAN FRANCISCO CAMPINA |
| CITY - ST - ZIP | CARACAS, VENEZUELA |
| TITLE | V <input type="checkbox"/> DELETE |
| NAME | MENDEZ, CARLOS |
| STREET ADDRESS | 10566 N.W. 51 STREET |
| CITY - ST - ZIP | MIAMI FL 33178 |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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.

SIGNATURE: *[Signature]* **Betty Rodriguez - Treasurer** DATE **3/13/96**

CR2E034 (12/95)