

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JAN 17 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50140 (5)

1. Corporation Name

MARK DATA COMMUNICATIONS, INC.

Principal Place of Business

550 SE 13TH
SUITE 205
DANIA FL 33004

Mailing Address

550 SE 13TH
SUITE 205
DANIA FL 33004

400001385834

-01/20/95--01078--012

****208.75 ****208.75
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/13/1992

3a. Date of Last Report

03/02/1994

4. FEI Number

65-0346500

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

21 550 S.E. 13TH ST
Suite, Apt. #, etc.

26 550 S.E. 13TH ST
Suite, Apt. #, etc.

22 205

27 205

City & State

City & State

23 DANIA FLORIDA

28 DANIA FLORIDA

Zip

Country

Zip

Country

24 33004

25 BROWARD

29 33004

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYANT, BERNARD
847 NW 119TH ST.
SUITE 205
MIAMI FL 33168

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 of, or typed name of, registered agent and fee if applicable.)

(NOTE: Registered Agent signature required when registering)

DATE

1-9-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
CORREIA, AMANDA MARY S.
940 S. SHORE DRIVE
MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DPS
CORREIA AMANDA MARY S
550 S.E. 13TH ST #205
DANIA FLORIDA 33004
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
CORREIA, JOAO GILBERTO
940 S. SHORE DRIVE
MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DVT
CORREIA JOAO GILBERTO
550 S.E. 13TH ST #205
DANIA FLORIDA 33004
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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)(b), 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 change is shown on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMANDA MARY S. CORREIA

(Date)

1-9-95

(Signature) (Phone #)

365-920-3343