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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **V72195**

1. Corporation Name

TRANSDATA SERVICES, INC.

Principal Place of Business	Mailing Address
1301 W 42ND ST	1301 W 42ND ST
HIALEAH EL 33012	HIALEAH FL 33012

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90044 039 ***150.00

|--|--|

US		U\$		DO NOT WRITE IN THIS SPA	iCE
	ت مدید دید تعدم مطبور معتبر	<u> </u>		Date Incorporated or Qualifed 10/19/1992	
2. Principal Place of Busine	ss 4	2a. Mailing Address		4. FEI Number	Applied For
21 8818 NW	// ~~~	26 8818 NW	146 TEEP	N 65-0366181	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Miami	FL I	28 Miami	FL	1 , 11	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangil	ole
24 330 8 2	5 USA	29 33018 3	o USI	Personal Property Tax.	Yes □No
	nd Address of Current Re	egistered Agent		10. Name and Address of New Registered Age	n t
			81 Name	ESCNANDO C. LOPSZ	
LOPEZ, FERNAN			82 Street	Address (P.O. Box Number is Not Acceptable)	
1301 W 42ND S				818 NW 146 TOBE IN	
HIALEAH FL 330	12		83		
			84 City	Miami FL 8	5 Zip Code
44 Pursuant to the provision	ne of Sections 607 0502 at	nd 607 1508 Florida Statutes	the above-named	corporation submits this statement for the purpose of char	naina its registered
affice or registered after	nt or no in in ine State of H	Horida, Such change was aut	ionzea av me cara	oration's board of directors. I hereby accept the appointme	nt as registered
agent. I am familiar with	, and accept the obligation	s of, Section 607.0505, Florid	a Statutes.	•	
SIGNATURE	my /		egistered Agent signature	required when repostating) DATE	
	printed name of registered agent and OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
12. P	OFFICERS AND L	DELETE	1.1 TITLE		Change
I -	RNANDO CARLO	CJOELLE	l	•	· –
4004 11/ 40			1.2 NAME	Loper, Fernando Carlos 8818 NW 146 200 IN Mami, FL 33018	
LHALEALLE			1.3 STREET ADDRESS	88,18 'DM 140 43 IN	
CITY-ST-ZIP HIALEAH F	<u> </u>	C APPLICATE	1.4 CITY-ST-ZIP	Mam, PC 33018	Change Addition
TITLE		☐ DELETE	2.1 TITLE		· .
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADORESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		O
TITLE		☐ DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		_	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
		•	5.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE	<u> </u>	Change
TITLE		Decele	6.2 NAME		-
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			•		
CITY OT 710			64 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 suppliemental 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 of 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 given attachment with any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR