

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000012040 (0)
1. Corporation Name

DATA.TXT CORPORATION

FILED
Aug 08, 1996 08:00 AM
Secretary of State



Principal Place of Business Mailing Address

12220 ROCK GARDEN LANE
MIAMI FL 33158

6800 SW 40TH ST
#501
MIAMI FL 33155

3. Date Incorporated or Qualified: 02/17/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business 2a. Mailing Address

4. FEI Number: 65-0392428
Applied for Not Applicable

22. Suite, Apt. #, etc.: 501
27. Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: MIAMI FL
28. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 33155 25. Country: DADE
29. Zip: 30. Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERMELL, DAVID
1450 MADRUGA AVE
SUITE 305
CORAL GABLES FL 33146

81. Name: C. PETER BUHLER
82. Street Address (P.O. Box Number is Not Acceptable): 3624 PONCE DE LEON
83.
84. City: CORAL GABLES FL 85. Zip Code: 33134

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 607.0508, Florida Statutes.

SIGNATURE

Signature of the person appointed as the registered agent

Signature of Registered Agent (Signature required when re-registering)

8-5-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: BUTLER, KAREN G
STREET ADDRESS: 12220 ROCK GARDEN LANE
CITY-ST-ZIP: MIAMI FL

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: Change 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen G. Butler

KAREN G. BUTLER

8/5/96

305-663-8968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Printed Name

CR2E034 (3/96)