

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 6:26

DOCUMENT # **P94000044046 (8)**

1. Corporation Name
DATA BUSINESS SOLUTIONS, INC.

Principal Place of Business Mailing Address
1137 W. 5TH STREET ONTARIO CA 91762 **1137 W. 5TH STREET ONTARIO CA 91762**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/14/1994		3a. Date of Last Report N/A	
2. Principal Place of Business 21 1137 W. 5th St.		2a. Mailing Address 25 1137 W. 5th St.	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Ontario Ca.		26 City & State Ontario Ca.	
24 Zip 91762	25 Country S.A.	29 Zip 91762	30 Country S.B.
4. FEI Number 33-0619679		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SANTANA, FRANCIS X 28 W. 5TH STREET ONTARIO FL 91762				10. Name and Address of New Registered Agent			
B1 Name				B1 Name			
B2 Street Address (P.O. Box Number is Not Acceptable)				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B3			
B4 City				B4 City			
				B5 Zip Code FL			

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 Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME PINEDA, JULIO	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1137 W. 5TH STREET	CITY, ST, ZIP ONTARIO CA 91762	2. NAME Pineda, Julio	1.3 STREET ADDRESS 1137 W 5th St.
TITLE SD	NAME PINEDA, PATRICIA	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.4 CITY, ST, ZIP Ontario Ca. 91762
STREET ADDRESS 1137 W. 5TH STREET	CITY, ST, ZIP ONTARIO CA 91762	2.2 NAME Pineda, Patricia	2.3 STREET ADDRESS 1137 W. 5th St.
TITLE	NAME	2.4 CITY, ST, ZIP Ontario Ca. 91762	2.4 CITY, ST, ZIP
STREET ADDRESS	STREET ADDRESS	2.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP	CITY, ST, ZIP	2.6 NAME	2.6 NAME
TITLE	NAME	2.7 STREET ADDRESS	2.7 STREET ADDRESS
STREET ADDRESS	STREET ADDRESS	2.8 CITY, ST, ZIP	2.8 CITY, ST, ZIP
CITY, ST, ZIP	CITY, ST, ZIP	2.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	2.10 NAME	2.10 NAME
STREET ADDRESS	STREET ADDRESS	2.11 STREET ADDRESS	2.11 STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	2.12 CITY, ST, ZIP	2.12 CITY, ST, ZIP
TITLE	NAME	2.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS	2.14 NAME	2.14 NAME
CITY, ST, ZIP	CITY, ST, ZIP	2.15 STREET ADDRESS	2.15 STREET ADDRESS
TITLE	NAME	2.16 CITY, ST, ZIP	2.16 CITY, ST, ZIP
STREET ADDRESS	STREET ADDRESS	2.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP	CITY, ST, ZIP	2.18 NAME	2.18 NAME
		2.19 STREET ADDRESS	2.19 STREET ADDRESS
		2.20 CITY, ST, ZIP	2.20 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 individual or employee authorized 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 my affidavit with attachments.

SIGNATURE: _____ DATE: **3/30/95** TELEPHONE: **(909) 467-1854**