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.)					
COI	PROFIT RPORATION UAL REPORT	FLORIDA DEPAR Sandra B	TMENT OF STATE Mortham y of State		
DOCL	1996		ORPORATIONS		
1. Corporation		6 (2)			
DIGITRONIK CORPORATION				E I Bânir Birit ânire Flân Rânie Buire I	
Principal Place of Business Mailing Address Mailing Address 9500 NORTHWEST 77 AVE # BAY 4 HALEAH GARDENS FL 33016 Mailing Address Mailing Address					
				3. Date Incorporated or Qualified 10/22/1974	3a. Date of Last Report 08/29/1995
21	Prace of Business	2a. Mailing Address 26		4. FEI Number 59-1559922	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	<i>Z</i> ıp 29	Country 30	8. This corporation has liability for it Florida Statutes	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Rec	istered Agent
HERNANDEZ,AUGUSTO B. 705 E. 8TH LANE			82 Street Addre	ess (P.O. Box Number is Not Acceptabl	е)
F	HALEAH FL 33010		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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature hyped or printed in the of registered agent		Begistened Agent signature require	4-1	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME	PD HERNANDEZ,AUGUSTO B.	DELETE	1.1 TITLE 1.2 NAME		10
STREET ADDRESS	705 EAST 8TH LANE HIALEAH FL		1 3 STREET ADDRESS		2E034
TITLE	V	DEFELE	1 4 CITY - ST - ZIP 2 1 TITLE		Charge Addition
NAME STREET ADDRESS	HERNANDEZ, AUGUSTO B. 705 EAST 8TH LANE		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	T Delite	2 4 CITY - ST-ZIP	w	
TITLE NAME	HERNANDEZ,AUGUSTO B.	☐ DEFELE	3 1 THEF 3 2 NAME		Change Addition
STREET ADDRESS	705 EAST 8TH LANE		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HIALEAH FL	DELETE	3.4 CHY-ST ZIP 4.1 TITLE		Change Addition
NAME		_	4 2 NAME		Lad Sounds
STREET ADDRESS CITY+ST-ZIP			4.3 STREET ADDRESS 4.4 Crty - St - Zip		
TITLE		DELETE	5 1 1iftE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
CITY-S1-7IP			5 3 STREET ADDRESS 5 4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Add-tron
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZiP	by certify that the information constraints	with this filling is not about the	64 CITY - ST - ZIP	to the constitution of	0.07.004.71
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 1.19.07(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 Big 2 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: Myneto B. Myner PACS. July 16, 1996 (305) 557-0502 BIGNATURE: Department of Blocking of Care of Director Avevs To B. Herninger					