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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G69368**

1. Corporation Name

DIGITAL MATRIX SYSTEMS, INC.

FILED
Apr 14, 1999 8:00 am
Secretary of State
04 14 1000 00017 000 ***150 00

Principal Place	e of Business	Mailing Address				91 1011 07011 011		
11890 SW 8TH	ST	11890 SW 8TH ST			ŀ			
SUITE 301		SUITE 301			- 11	22405		
MIAMI FL 33184		MIAMI FL 33184		DO NOT WRITE IN THIS SPACE				
U\$		US			3. Date Incorporated or Qualifed 10/05/1983			
2 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
		26			59-2405704		1	lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	Additional
22 27		<u> </u>			5. Certifcate of Status Desired		Fee f	Required
22		City & State		6. Election Campaign Financing		\$5.0	D May Be	
<b>⊢</b> , `		28		Trust Fund Contribution	Ш		to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the curre	ent year Inta	ing/ble	
24	25	29 30	]		Personal Property Tax.	•	Yes	□No
	9. Name and Address of Current		<u> </u>		10. Name and Address of New R	egistered A	Agent	
			8	Name	<del></del>			ì
MIRANDA, MELINDA			0.4	Stroot Ado	dress (P.O. Box Number is Not Accepta	hle)	_	
11890 SW 8TH ST		82 8		Sudet Add	uress (F.O. DOX required to recepte	J.4)		
	'E 301			3			_	
MAIM	VII FL 33184						Tank Hi	
]			84	1		FL	1.1	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-named cor	rporation submits this statement for the	purpose of	changing i	ts registered
office or n agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was authors of, Section 607.0505, Florida	onzed by Statute	y the corporat s.	tion's board of directors. I hereby accep	t trie appoii	illiforit as	egistered
SIGNATURE								
SIGNATORE		MOTE Par	nintared Ac-	et pianatura remii	ired when coinstation)	DATE		
	Signature, typed or printed name of registered agent			ent signature requir	ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECT	ORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	ent signature requir	ired when reinstating)  ADDITIONS/CHANGES TO OFF		D DIRECT	
12.	OFFICERS AND		13. 1.1 TITLE					
12. TITLE NAME	OFFICERS AND PD MIRANDA, HERMELO, JR.	DIRECTORS	13. 1.1 TITLE 1.2 NAME					
12. TITLE NAME STREET ADDRESS	OFFICERS AND PD MIRANDA, HERMELO, JR. 13321 N.W. 1ST LANE	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD MIRANDA, HERMELO, JR. 13321 N.W. 1ST LANE MIAMI FL	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ET ADDRESS ST-ZIP				Addition
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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 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 changed, or on an attagrament with an address, with all other like empowered.

SIGNATURE:

SIGNATURE FIEQUIRED
SIGNATURE AND RYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR