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FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M19859

(1)

1. Corporation Name
DIGITAL MATRIX SERVICES, INC.



Principal Place of Business

~~3191 CORAL WAY, STE. 900~~
3191 CORAL WAY, STE. 900
MIAMI FL 33145

Mailing Address

~~3191 CORAL WAY, STE. 900~~
3191 CORAL WAY, STE. 900
MIAMI FL 33145-3218

3. Date Incorporated or Qualified
08/22/1985

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-2628332

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

BRANDT, ROBERT A.
MADISON CIRCLE EXECUTIVE BLDG.
3191 CORAL WAY, STE. 900
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name MELINDA MIRANDA
82 Street Address (P.O. Box Number is Not Acceptable)
3191 CORAL WAY #900
83
84 City MIAMI FL 85 Zip Code 33145

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

Melinda Miranda

Melinda Miranda General Mgr 1-16-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	NAME	BIN LOU	DELETED
STREET ADDRESS			3191 CORAL WAY, #900	
CITY - ST - ZIP			MIAMI FL	
TITLE	SVD	NAME	NAVARRO, DARIO	DELETED
STREET ADDRESS			3191 CORAL WAY, STE. 900	
CITY - ST - ZIP			MIAMI FL	
TITLE	D	NAME	BRANDT, ROBERT A.	DELETED
STREET ADDRESS			3191 CORAL WAY, #900	
CITY - ST - ZIP			MIAMI FL	
TITLE	P/D	NAME	HERMELIO MIRANDA JR.	DELETED
STREET ADDRESS			3191 CORAL WAY, #900	
CITY - ST - ZIP			MIAMI FL 33145	
TITLE		NAME		DELETED
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		DELETED
STREET ADDRESS				
CITY - ST - ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	1.2 NAME	HERMELIO MIRANDA JR.	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.3 STREET ADDRESS			3191 CORAL WAY #900	
1.4 CITY - ST - ZIP			MIAMI FL 33145	
2.1 TITLE		2.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.3 STREET ADDRESS				
2.4 CITY - ST - ZIP				
3.1 TITLE		3.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.3 STREET ADDRESS				
3.4 CITY - ST - ZIP				
4.1 TITLE		4.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.3 STREET ADDRESS				
4.4 CITY - ST - ZIP				
5.1 TITLE		5.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.3 STREET ADDRESS				
5.4 CITY - ST - ZIP				
6.1 TITLE		6.2 NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.3 STREET ADDRESS				
6.4 CITY - ST - ZIP				

14. I do 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 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 on an attachment with an address.

SIGNATURE: X *Melinda Miranda* 1-16-97 305/445-6100

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)