

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M19859 (1)**

1. Corporation Name  
**DIGITAL MATRIX SERVICES, INC.**



Principal Place of Business <del>C/O ROBERT A. BRANDT</del> 3191 CORAL WAY, STE.900 MIAMI FL 33145	Mailing Address <del>C/O ROBERT A. BRANDT</del> 3191 CORAL WAY, STE.900 MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11890 SW 8 ST (Suite, Apt. #, etc.) 22 301 City & State 23 MIAMI, FL Zip 24 33184 Country 25 USA	2a. Mailing Address 26 11890 SW 8 ST (Suite, Apt. #, etc.) 27 301 City & State 28 MIAMI, FL Zip 29 33184 Country 30 USA
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3. Date Incorporated or Qualified 08/22/1985	4. FEI Number 59-2628332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MIRANDA, MELINDA**  
 3191 CORAL WAY., #900  
 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) 11890 SW 8 ST	83 Ste 301	84 City MIAMI	85 Zip Code FL 33184
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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* Office Manager DATE: 4/21/98

(Signature typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIN LOU	
STREET ADDRESS	3191 CORAL WAY, #900	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	NAVARRO, DARIO	
STREET ADDRESS	3191 CORAL WAY, STE.900	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MIRANDA, HERMELO J	
STREET ADDRESS	3191 CORAL WAY., #900	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11890 SW 8 ST, Ste, 301
1.4 CITY-ST-ZIP	MIAMI FL 33184
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11890 SW 8 ST, Ste 301
2.4 CITY-ST-ZIP	MIAMI, FL 33184
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11890 SW 8 ST, Ste 301
3.4 CITY-ST-ZIP	MIAMI, FL 33184
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE: *Melinda Miranda* 4/21/98 (305) 228-7979

CR2E034 (10/97)