

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

~~C/O ROBERT A. BRANDT~~
3191 CORAL WAY, STE. 900
MIAMI FL 33145

~~C/O ROBERT A. BRANDT~~
3191 CORAL WAY, STE. 900
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 11890 SW 8 St
Suite, Apt. #, etc. 301
22 City & State MIAMI, FL
23 Zip 33184 Country USA
24 33184 25 USA
26 11890 SW 8 St
Suite, Apt. #, etc. 301
27 City & State MIAMI, FL
28 Zip 33184 Country USA
29 33184 30 USA

3. Date Incorporated or Qualified

08/22/1985

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRANDA, MELINDA
3191 CORAL WAY., #900
3191 CORAL WAY, STE. 900
MIAMI FL 33145

81 Name MELINDA MIRANDA

82 Street Address (P.O. Box Number is Not Acceptable)
11890 SW 8 St

83 Ste 301

84 City MIAMI

FL

85 Zip Code 33184

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

4/21/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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:

4/21/98 (305) 228-7979

CR2E034 (10/97)