SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name M60142

DIGITAL COMPUTER SYSTEMS, INC.

		1,

FILED Jul 30 1997 8:00am Secretary of State

* **************	B.(1) 36461 11511 61516	 i minst ninte nifft füßt.

Principal Plac	rincipal Place of Business Malling Address				a saanaari sira askir aanat orast asala sirat asala asal						
			6414 N.W. B2ND AVE.			1					
MIAMI FL 331	68	MIAMI FL 3	3166					DO NOT WRIT	E IN THIS S	PACE	
			-				3. Date Incorpo	rated or Qualified		te of Last R	leport
							10/02/19			17/1996	' !
2. Principal P	lace of Business	2a. Mailing A	ddress				4, FEI Number	2/	U4/		oplied For
21		26					1	202			ot Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.				\$8.75 A				
22		27					Certificate of	Status Desired			equired
City & State	9	City & St	City & State			•	6. Election Carr	paign Financing		\$5.00	May Be
23		28					Trust Fund C			Added	
Zip	Country	Zip		Coun	ntry		8. This corpora	ion owes or has p	aid the curr	en year Int	angible
24	25	29		10				perly Tax due Jun] No
<u> </u>	g, Name and Address of Cu	urrent Registered Age	ent .		Y		10. Name and A	ddress of New R	egistered A	gent	
	irino, jose				B1	Name					
)40 SW 78TH TERR			ε	82	Street Add	dress (P.O. Box Num	oer is Not Accepta	ble)		
MIA	VMI FL 33183			_				·	·		
	•			₹	B3						
				Ē	B4	City			·	85 Zip (Code
						•			FL	1.1	1
11. Pursuant	to the provisions of Sections 607 egistered agent, or both, in the 5	7.0502 and 607.1508, F State of Florida, Such c	lorida Statutes	s, the abo	1-9VO	named cor	poration submits this	statement for the	purpose of	changing it	s registered
agent. I a	m familiar with, and accept the o	obligations of, Section 6	607.0505, Flori	da Statu	ites.	no borpore	anon's Board of anco	ors. Thereby dece	principp	on anone as	Togristored
SIGNATURE								•			
12.	Signature, typed or printed name of registers OFFICERS	S AND DIRECTORS	(NOIE.	13.	Agent	signature requ	uired when reinstating)	HANGES TO OFFI	DATE ICEDS AND	DIRECTOR	100 141 20
TITLE	P		DELETE	1.1 TITL	 F		ADDITIONS/C	TANGES TO OFF	CENS AND	Change	Addition
NAME	CHIRINO, JOSE A.	_		1.2 NAM							
STREET ADDRESS	12040 SW 78 TERR			1.3 STRI		ODBESS.					
CITY-ST-ZIP	MIAMI FL			1.4 CITY							[]
TITLE	<u>V</u>		DELETE	2.1 TITL		Elt				Change	Addition
NAME	CHIRINO, MAILIN C.		_	2.2 NAW							
STREET ADDRESS	12040 SW 78 TERR			2.3 STRI		ODRESS					
CITY-ST-ZIP	MIAMI FL			2. 4 CIT		è					
TITLE	348 211 7		DELETE	3.1 TITL		<u> </u>				Change	Addition
NAME				3.2 NAM							_
STREET ADDRESS				3.3 STRI		DDRESS					
CITY-ST-ZIP				3.4. CIT							
TITLE			DELETE	4.1 TITL						Change	Addition
NAME				4. 2 NAM						- •	
STREET ADDRESS				4.3 STR		DDRESS					
CITY-ST-ZIP				4.4 CITY							1
TITLE			DELETE	5.1 TITL			4,			Change	Addition
NAME				5.2 NAM	ΑE					-	
STREET ADDRESS				5.3 STRE		DORESS					
CITY-ST-ZIP				5.4 CITY							
TITLE			DELETE	6.1 TITL		- "				Change	Addition
NAME				6.2 NAM					•		
STREET ADDRESS				6.3 STRE		DORESS					
CITY-ST-ZIP				6.4 CITY		- 1					•
-111 VI-40				0.7 0111	, 0111	1					

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 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.