

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

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99 JUN 30 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000049374 (0)
1. Corporation Name
AJ's Digital Electronic Enterprise, Inc.

Principal Place of Business: 3600 SOUTH STATE RD. 7 SUITE 6 MIRAMAR FL 33023
Mailing Address: 441 N.E. 143 ST. MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3600 South State Rd		26 441 N.E. 143 ST.		07/14/1993	
(Suite, Apt. #, etc.)		Suite, Apt. #, etc.		4. FEI Number	
22 6		27 FL		65-0426383	
23 Miramar		28 FL		Applied For	
City & State		City & State		Not Applicable	
24 33023		29 33161		5. Certificate of Status Desired	
Country USA		Country USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	
25 USA		30 USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
JACQUES, AUGUSTE K 441 N.E. 143RD ST. MIAMI FL 33161				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				81 Name	
				Jacques Auguste K	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				2000 N.W. 126 Street	
				83	
				84 City	
				Miami	
				FL	
				85 Zip Code	
				33161	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JACQUES, AUGUSTE K	1.2 NAME	Jacques, Auguste
STREET ADDRESS	441 N.E. 143 STREET	1.3 STREET ADDRESS	2000 N.W. 126 Street
CITY-ST-ZIP	MIAMI FL 33161	1.4 CITY-ST-ZIP	Miami FL 33161
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	200002927622
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	-07/09/99-01082-002
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: 6/27/99

CR2E034 (10/97)