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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000008540

1. Corporation Name

DIGITAL TECHNOLOGIES HOLDINGS, INC.

Principal Place of Business

Mailing Address

8860 N.W. 18TH STREET  
MIAMI FL 33172

11309 KNOT WAY  
COOPER CITY FL 33026

2. Principal Place of Business

2a. Mailing Address

21 11309 Knot Way

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Cooper City, FL  
Zip Country

28 Zip Country

24 33026

29

30

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.  
201 S. BISCAYNE BLVD  
SUITE 3000  
MIAMI FL 33131

81 Name

Tara A. DiPasquale

82 Street Address (P.O. Box Number is Not Acceptable)

11309 Knot Way

83

84 City

Cooper City

FL

85 Zip Code

33026

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

*Tara A. DiPasquale*

(NOTE: Registered Agent signature required when not applicable)

DATE 3/5/99

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE

NAME KAUFMAN, JAY  
STREET ADDRESS 8860 N.W. 18TH STREET  
CITY-ST-ZIP MIAMI FL 33172

TITLE DP [ ] DELETE

NAME PLOTNEK, HAROLD  
STREET ADDRESS 8860 N.W. 18TH STREET  
CITY-ST-ZIP MIAMI FL 33172

TITLE DST [X] DELETE

NAME RIVERA, DANIEL  
STREET ADDRESS 8860 N.W. 18TH STREET  
CITY-ST-ZIP MIAMI FL 33172

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

VP, S, T, D

[X] Change [ ] Addition

12 NAME

KAUFMAN, JAY

13 STREET ADDRESS

2 WISCONSIN CIRCLE, SUITE 700

14 CITY-ST-ZIP

CHEVY CHASE, MD 20815

21 TITLE

D, P

[X] Change [ ] Addition

22 NAME

PLOTNEK, HAROLD

23 STREET ADDRESS

2 WISCONSIN CIRCLE, SUITE 700

24 CITY-ST-ZIP

CHEVY CHASE, MD 20815

31 TITLE

[ ] Change [ ] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

[ ] Change [ ] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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\*\*\*\*150.00 \*\*\*\*150.00

[ ] Change [ ] Addition

*JB 3-9-99*

[ ] Change [ ] Addition

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, with all other like empowered.

SIGNATURE:

*Jay Kaufman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (OFFICER OR DIRECTOR)

3/5/99 (301) 961-1533

Date

Daytime Phone #

0146908

CR2E034 (11/98)