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P**RO**FIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067273 (0)

DIGITAL INVESTMENT AND LEASING CORPORATION Principal Place of Business Mailing Address 8860 NW 18TH TERRACE 11309 KNOT WATY MIAMI FL 33372 COOPER CITY FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/13/1994 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0547357 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WARNER, JONATHAN H 701 BRICKELL AVE. Street Address (P.O. Box Number is Not Acceptable) STE 1600 **MIAMI FL 33131** 83 Zip Code 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed hank of registered agent and ble if application (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DST DELETE TITLE 1.1 TITLE Change Addition RIVERA, DAN NAME 1.2 NAME 8860 N.W. 18TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE Addition 2.1 TITLE KAUFMAN, JAY NAME 2.2 NAME 7520 ARROWOOD RD STREET ADDRESS 2.3 STREET ADDRESS **BETHESDA MD** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE **4.1 TILLE** Change ___ Addition NAME 4. 2 NAME REET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE Addition 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE TITLE 6.1 TITLE Change Addition 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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.

FILED

Apr 24 1998 8:00am

Secretary of State