

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90183 017 ***150.00

DOCUMENT # P94000067273

1. Corporation Name

DIGITAL INVESTMENT AND LEASING CORPORATION



Principal Place of Business

**8860 NW 18TH TERRACE
MIAMI FL 33372**

Mailing Address

**11309 KNOT WAY
COOPER CITY FL 33026
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1994

2. Principal Place of Business

2a. Mailing Address

21 11309 Knot Way

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 Cooper City FL

28

Zip Country

Zip Country

24 33026

25

29

30

4. FEI Number

65-0547357

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARNER, JONATHAN H
701 BRICKELL AVE.
STE 1600
MIAMI FL 33131**

**Tara DiPasquale
11309 Knot Way
Cooper City, FL 33026**

81 Name

Tara A. DiPasquale

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

11309 Knot Way

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **DST RIVERA, DAN**
STREET ADDRESS **8860 N.W. 18TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ DELETE
NAME **DP KAUFMAN, JAY**
STREET ADDRESS **7520 ARROWOOD RD**
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99
Date

(954) 435-5501
Daytime Phone #

CR2E034 (11/98)