

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 14 1997 8:00am  
Secretary of State

DOCUMENT # P94000085255 (5)

1. Corporation Name  
DIGITAL VIDEO SYSTEMS, INC.



Principal Place of Business

226 NE 29 ST  
MIAMI FL 33127

Mailing Address

226 NE 29 ST  
MIAMI FL 33137-4526

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/22/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1578363

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYSON, BARBARA  
226 NE 29 ST  
MIAMI FL 33137

81 Name

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

83

84 City

FL

85 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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME TYSON, JERROLL R

STREET ADDRESS 226 NE 29 ST

CITY-ST-ZIP MIAMI FL 33137 Pres

TITLE D ☐ DELETE

NAME TYSON, BARBARA

STREET ADDRESS 226 NE 29 ST

CITY-ST-ZIP MIAMI FL 33137 Sec/Trea

TITLE D ☐ DELETE

NAME NECUZE, JORGE

STREET ADDRESS 226 NE 29 ST

CITY-ST-ZIP MIAMI FL 33137 VP

TITLE D ☐ DELETE

NAME THOMAS, RANDOLPH

STREET ADDRESS 226 NE 29 ST

CITY-ST-ZIP MIAMI FL 33137 Executive VP

TITLE D ☐ DELETE

NAME Mitch Garcia

STREET ADDRESS 226 NE 29 ST

CITY-ST-ZIP MIAMI FL 33137 VP

TITLE D ☐ DELETE

NAME Antonio Gonzalez

STREET ADDRESS 226 NE 29 ST

CITY-ST-ZIP MIAMI FL 33137 VP

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

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)