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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000012635 (5)

D.M.C. TECHNICAL SUPPORT SE	ERVICES, INC.						
Principal Place of Business Mailing Address					8   0   1   1   1   1   1   1   1   1   1		
7611-A NE 2ND AVE MIAMI FL 33136 US	15389 SW 153RD STREET MIAMI FL 33187 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/13/1995  4. FEI Number  Applied For			
		Adda					
2. Principal Place of Business 2a. Mailing Ac							
Z. Frincipal Flace of business	2a. Mailing Address	i, Mailing Address			Applied For		
26				65-0562183	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	<b>—</b>		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip	30 Cou	ntry	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrent year Intangible		
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEAUGRIS, JEAN-EDDY 15389 SW 153 ST			81 Name 82 Street Ad	dress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33187			Shoot riddieds (1.0. Box Hambor to Hot riddeptable)				
			83				
			84 City	F	85 Zip Code		
<ol> <li>Pursuant to the provisions of Sections 607.0         office or registered agent, or both, in the Statement. I am familiar with, and accept the obline.</li> </ol>	ite of Florida, Such change:	was authorized	by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered oppointment as registered		
SIGNATURE Signature, typed or printed name of registered a	agent and title if applicable	(NOTE: Registered	Agent signature rec	quired when reinstaling} DATE			

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SIGNATURE	Signature, bypod or printed name of registered agent and title if application	ANOTE E	Department Apost sisses us as	pulsed upon selectation)	<del></del>	
12.	OFFICERS AND DIRECTORS	ile (NOTE. P	Registered Agent signature required when reinstaling)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			RS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/OFFINIACS TO OFFICERS	Change	Addition
NAME	BEAUGRIS, JEAN-EDDY	peerie	1.2 NAME		onlings	roomo
· ·						
STREET ADDRESS	15389 SW 153 ST		1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33187		1.4 CITY - ST - ZIP			
TITLE		DELETE	21 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	· ·	Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY+ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
017V 01 3W			C 4 OFFN FZ 71D			

14. Thereby 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 armual 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 chapted, or on an attachment with an address.

SIGNATURE:

O Y - 2 T - 77 150 8 0 9

04-25-98

**FILED** 

May 12 1998 8:00am

Secretary of State