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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000034003 (0) DOCUMENT #

DIGITAL LINK ENGINEERING CORP.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-	11 0 0 111 0 0 1	THE FELL (SEE)
7118 NW 72ND AVENUE MIAMI FL 33166		7118 NW 72ND AVENUE MIAMI FL 33166		DO NOT WRITE IN THIS SPA	CE			
						3. Date Incorporated or Qualified	-, -	
A B C C C C C C C C C C		2a. Mailing Address				05/02/1995	T A=	oplied For
 -	ace of Business	26. Walling Address				4. FELNumber 65-0649563		ot Applicable
Sulte, Apt.	# etc	Suite, Apt. #, etc.						Additional
22		27				5. Certificate of Status Desired	Fee Re	
City & State		City & State				Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30	<u>L.,,,,</u>		Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent		
	9. Name and Address of Currer	ur nedistelen Wasur		81	Name	10. Hame the Address of feet Hegistored Age		
	RRAFF, CARLOS M		L					
	18 NW 72ND AVENUE AMI FL 33166		82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)		
			E	B3				
			Ē	84	City	FL	5 Zip (Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the abo	ove-	-named corpo	pration submits this statement for the purpose of ch	<u> </u>	ts 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 placestored egent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12,		ID DIRECTORS	13.	, igon	n angination or require	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOF	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITL	.E			Change	Addition
NAME	GANDULFO, ANIBAL J		1.2 NAN	1.2 NAME				l;
STREET ADDRESS	7118 NW 72ND AVENUE		1.3 STREET ADDRESS		address			ļį
CITY-ST-ZIP			1.4 City	Y-ST	-ZIP			
TITLE	VSD	☐ DELETE					Change	Addition
NAME	SARRAFF, CARLOS M		2 2 NAME					
STREET ADDRESS	7118 NW 72ND AVENUE		2 3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33166			4 CITY-SI-ZIP 1 TITLE Change		Change	Addition	
TITLE		L. DELETE		3.2 NAME				,,
NAME Street address	223			3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE				4.1 TITLE			Change	Addition
NAME	4.2		4. 2 NA	4. 2 NAME				
STREET ADDRESS			4.3 STR	EET A	ADDRESS			
CITY-ST-ZIP			4.4 CITY	Y-ST	r-21P			
TITLE		DELETE	5.1 TITU				Change	☐ Addition
NAME			5.2 NAN		1			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY		T- ZIP		Change	☐ Addition
TITLE		DELE te	6.1 TITL			<u> </u>	Attention	
NAME			6.2 NAM		ADDDECC			
STREET ADDRESS			6.3 STR 6.4 CIT		ADDRESS			
14. I hereby o	certify that the information supplied v	with this filing does not qualify	for the exer	mpti	ion stated in S	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 employeed 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 iddress.