


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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000053085 (3)
 1. Corporation Name
DIGITAL PLANET, INC.



Principal Place of Business 8880 N.W. 18TH TERRACE MIAMI FL 33172	Mailing Address 8880 N.W. 18TH TERRACE MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1995		4. FEI Number 65-0701817		Applied For <input type="checkbox"/> Not Applicable
8. Principal Place of Business 81	2a. Mailing Address 25	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Subs. Apt. #, etc. 82	Suite, Apt. #, etc. 26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
City & State 83	City & State 27	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 84	Country 28	Zip 29	Country 30	

9. Name and Address of Current Registered Agent RIVERA, DANIEL 8880 N.W. 18TH TERRACE MIAMI FL 33172		10. Name and Address of New Registered Agent		
		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P RIVERA, DANIEL	1.2 NAME	
STREET ADDRESS	8880 N.W. 18TH TERRACE	1.3 STREET ADDRESS	900002561409
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	-06/16/98--01103--00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	***150.00***
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Daniel Rivera* MAY - 1 1998 305 592 6167
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0299854

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