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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000068335 (5)

1. Corporation Name  
C.M.I. DIGITAL, INC.



Principal Place of Business  
12391 N.W. 11TH ST.  
PEMBROKE PINES FL 33026

Mailing Address  
12391 N.W. 11TH ST.  
PEMBROKE PINES FL 33026-3804

3. Date Incorporated or Qualified 09/05/1995	3a. Date of Last Report 04/09/1996
4. FEI Number 65-0612135	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
BARRANCO, ELENA  
12391 N.W. 11 ST.  
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent
81 Name Elena Barranco
82 Street Address (P.O. Box Number is Not Acceptable) One Grove Isle Drive, #706
83
84 City Coconut Grove
85 Zip Code 33133

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 P	BARRANCO, CLARA 12391 N.W. 11TH ST. PEMBROKE PINES FL 33026	1.1 TITLE P	Clara Barranco
NAME		1.2 NAME	One Grove Isle Drive, #706
STREET ADDRESS		1.3 STREET ADDRESS	Coconut Grove, FL 33133
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE S	BARRANCO, ELENA 12391 N.W. 11TH ST. PEMBROKE PINES FL 33026	2.1 TITLE S	Elena Barranco
NAME		2.2 NAME	One Grove Isle Drive, #706
STREET ADDRESS		2.3 STREET ADDRESS	Coconut Grove, FL 33133
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE T	BARRANCO, MIGUEL 12391 N.W. 11TH ST. PEMBROKE PINES FL 33026	3.1 TITLE T	Miguel Barranco
NAME		3.2 NAME	P.O. Box 9574
STREET ADDRESS		3.3 STREET ADDRESS	Marina Del Rey, CA 9
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ DATE: 3-28-97 DAYTIME PHONE: 854-4416

CR2E034 (9/96)