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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600001745 (4)

THE DATA INTEGRATION & SYSTEMS CONSULTANTS GROUP INC.

Principal Place of Business Mailing Address 13940 SW 136 ST 13940 SW 136 ST MIAMI FL 33186 MIAMI FL 33188-5541 3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1995 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0630184 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional XX 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, XX Yes No 25 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BENITEZ, VICTOR M 13940 SW 136 ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 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 line if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. TITLE DELETE Change Addition 11 TITLE BENITEZ, VICTOR M NAME 1.2 NAME 8700 SW 124 ST STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** CHTY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change TILLE 2.1 TITLE Addition BENITEZ, VICTOR A NAME 2.2 NAME 14491 SW 161 ST STREET ADDRESS 2.3 STREET ADDRESS **MIAM! FL 33177** DITY-ST-ZIF 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Addition Change NAME **3.2 NAME** STREET ADDRESS 3 3 STREET ADDRESS Diff St. 7P 34. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS DITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TOTUE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - S1 - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ___ Addition

6.2 NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this adjust 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 conversion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block

NAME

STREET ADDRESS

CITY - S1 - ZIP

Ben

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

an attachment with an address

Benitez, Victor A. 3/19/97

(305) 255-1162

FILED

Mar 26 1997 8:00am

Secretary of State