

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

FILED

Apr 29 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000015612 (0)

1. Corporation Name

DIGITAL HOMES INC.

Principal Place of Business

12220 SW 91ST TERRACE  
SUITE 605  
MIAMI FL 33186

Mailing Address

12220 SW 91ST TERRACE  
SUITE 605  
MIAMI FL 33186-4120

3. Date Incorporated or Qualified

02/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0641812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

JANSEN, MICHAEL S  
12220 SW 91ST TERRACE  
SUITE 605  
MIAMI FL 33186

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                  |                                 |
|-----------------|----------------------------------|---------------------------------|
| TITLE           | D                                | <input type="checkbox"/> DELETE |
| NAME            | JANSEN, MICHAEL S                |                                 |
| STREET ADDRESS  | 12220 SW 91ST TERRACE, SUITE 605 |                                 |
| CITY - ST - ZIP | MIAMI FL 33186                   |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |
| TITLE           |                                  | <input type="checkbox"/> DELETE |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 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:

Michael S. Jansen Michael S. Jansen

4/23/97

305/347-5188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0280834

CR2E034 (9/96)