


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

FILED

Apr 17 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000028233 (0)

1. Corporation Name
DATMAI, INC.



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| Principal Place of Business 8390 NW 53RD ST, SUITE 300 / MIAMI FL 33166 7815 NW 36 AVE MIAMI, FL 33147 | Mailing Address 8390 NW 53RD ST, SUITE 300 / MIAMI FL 33166 7815 NW 36 AVE MIAMI, FL 33147 |
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DO NOT WRITE IN THIS SPACE

| | | | | | | |
|---|--|---|--|--|--|---|
| 2. Principal Place of Business 21 7815 NW 36 AVE Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33147 | 2a. Mailing Address 26 7815 NW 36 AVE Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33147 | 3. Date Incorporated or Qualified 03/25/1996 | 4. FEI Number 65-0656059 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|--|--|--|---|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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| AUSTIN, RICHARD B 8390 NW 53RD ST, SUITE 300 MIAMI FL 33166 **RESIGNED 4/1/98 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
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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, 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 + Rita M. Aguiar Rita M Aguiar 4/02/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------|---|--|
| TITLE | DP | 1.1 TITLE | |
| NAME | AGUIAR, ROBERTO | 1.2 NAME | |
| STREET ADDRESS | 1501 E 8TH COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33010 | 1.4 CITY-ST-ZIP | |
| TITLE | DVS | 2.1 TITLE | |
| NAME | AGUIAR, RITA | 2.2 NAME | |
| STREET ADDRESS | 1501 E 8TH COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33010 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| 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 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: Robert Aguiar - Roberto Aguiar 4/10/98 336-5444

CR2E034 (10/97)