1/28/98 3-0910 C-FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037794 (0)

D B S COMPUTER SYSTEMS, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	-	T SERVINDE IND IRNIA DISA DRAN BRIN BRIS BRIS DRIN BRIS IN	IIA IDUUI EBUEH IDEAL ÜLÜL INÜL
13404 SW FIRST TERRACE 13404 SW FIRST TERRACE			1		
MIAMI FL 33184		MIAMI FL 33184		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	, 3, 7,OL
				04/30/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	W.Flager Street		ager Street	65-0663076	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Minus	, Fla.	27 Miami, Fla City & State	•		Fee Required
23 M 1 2 m 1		Miami, Fla	•	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Mlam1	Country	Zip	Country	8. This corporation owes or has paid the cu	
24 33144	25 USA	29 33144 3	0 USA		Yes No
	9, Name and Address of Curren			10. Name and Address of New Registered	
COBER CORPORATE AGENTS, INC. 81 Name					
2601 SOUTH BAYSHORE DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
19TH FLOOR			13404	S.W. 1st Terrace	
MIAMI FL 33133					
1			84 City		85 Zip Code
			Miami	<u> </u>	. 33184
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, by ed or printed name of roys-leved agent and little of applicabile (NOTE Registered Agent signature required whom re-installing) DATE					
12.	OFFICERS AND		13.	ed who renstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DPS	DELETE	1.1 TITLE	1.1.2.1.0.1.0,0,1,0,4,0,20,1,0,21,0,1,1,1	☐ Change ☐ Addition
NAME	ALBA, MARIO		1.2 NAME		
STREET ADDRESS	13404 SW FIRST TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33184		1.4 CITY - ST - ZIP		13
TITL€	DV	☐ DELETE	2.1 TITLE		Change Addition
NAME	CLODO, ROMERO		2.2 NAME		
STREET ANDRESS	13404 SW FIRST TERRACE		2.3 STREET ADDRESS 72	21 S.E. 1st Place	
City-ST-ZIP	MIAMI FL 33184	Const		aleah, Fla. 33010	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADORESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELET É	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4.1 MLE 4.2 NAME		C Onange Mudition
STREET ADDRESS			4.2 NAWIE 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - St - 7IP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ľ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 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 13 if changed, or on an attachment with an address.

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