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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000037794**

1. Corporation Name

D B S COMPUTER SYSTEMS, INC.

Principal Place of Business

8229 W FLAGLER STREET
MIAMI FL 33144
US

Mailing Address

8229 W FLAGLER STREET
MIAMI FL 33144
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **8229 West Flagler St.**
Suite, Apt. #, etc.

22

City & State

23 **Miami FL.**

24

Zip

33144

Country

25 **USA**

2a. Mailing Address

26 **8229 West Flagler St.**
Suite, Apt. #, etc.

27

City & State

28 **Miami FL.**

29

Zip

33144

Country

30 **U.S.A.**

3. Date Incorporated or Qualified

04/30/1996

4. FEI Number

65-0663076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALBA, MARIO
13404 S.W. 1ST TERRACE
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name

Mario Alba

82 Street Address (P.O. Box Number is Not Acceptable)

13404 S.W. 1st Terrace

83

84 City

Miami FL

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
ALBA, MARIO
13404 SW FIRST TERRACE
MIAMI FL 33184**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CLODO, ROMERO
721 S.E. 1ST PLACE
HIALEAH FL 33010**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 5/99 (305) 266-5052

CR2E034 (11/98)