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

CITY-SI-ZIP

14. I do hereby certify that the information supply

information Indicated on this small report c I am an officer or director since of poration appears in Block 12 or 10 sk 13 shane

* PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham* FILED ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 JUL -9 PM 1:45 DOCUMENT # P96000071040 (5) SECRETARY OF STATE TALLAHASSEE, FLORIDA THE DIGITAL COMPANIES, INC. Principal Place of Business Mailing Address 8860 N.W. 18TH TERRACE 8860 N.W. 18TH TERRACE MIAMI FL 33172 MIAMI FL 33172-2642 3a. Date of Last Report 3. Date Incorporated or Qualified 08/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM DANIEL 1200 SOUTH PINE ISLAND ROAD Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 33324 83 Zip Code **2317-2** 84 85 HIAMI 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 red agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition _TITÛE 22302299 1.1 TITLE 800002236598---7 NAME DAVIEL RIVERA 1.2 NAME -07/11/97--01123--007 3184 BIRD AVE STREET ADDRESS 1.3 STREET ADDRESS ****165.00 ****165.00 OCCONUT GROW FL 33133 CITY-ST-ZIP 1.4 City - \$1 - ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-7IP DELETE Change Addition TITLE 3 1 1HLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CHTY-ST-ZIP TITLE DELETE 5.1 THE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP DELETE TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

attachment with an address.

I with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

upplements, annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that the recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name