


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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000095625 (5)**
1. Corporation Name
DIGI-POST, INC.



Principal Place of Business 3900 NW 79TH AVENUE SUITE 558 MIAMI FL 33166	Mailing Address 3900 NW 79TH AVENUE SUITE 558 MIAMI FL 33166
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2890 NW 79TH AVENUE Suite, Apt. #, etc.		2a. Mailing Address 26 2890 NW 79TH AVENUE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/21/1996	
23 MIAMI FLORIDA City & State		27 MIAMI FLORIDA City & State		4. FEI Number 65-0708624 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 33122 25 U.S.A. Zip Country		29 33122 30 U.S.A. Zip Country		5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIDLOSCA, RANDALL L
LATOUR & SIDLOSCA, P.A.
605 LINCOLN RD., SUITE 420
MIAMI BEACH FL 33139**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HERNANDEZ, CESAR		1.2 NAME CAPRILES, Luis	
STREET ADDRESS 15591 SW 105 TERRACE #5110		1.3 STREET ADDRESS 10440 156 COURT #7111	
CITY-ST-ZIP MIAMI FL 33196		1.4 CITY-ST-ZIP MIAMI-FL-33196	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, MARTIN F		2.2 NAME HERNANDEZ, CESAR	
STREET ADDRESS 15591 SW 105 TERRACE #5110		2.3 STREET ADDRESS 1559 SW TERRACE #5110	
CITY-ST-ZIP MIAMI FL 33196		2.4 CITY-ST-ZIP MIAMI-FL-33196	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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:

SIGNATURE REQUIRED

JAN. 07th 1998 (305) 718-8801

CR2E034 (10/97)