

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 # P970000061878
1. Corporation Name

DIGICOM SYSTEMS CORP.

Principal Place of Business

Mailing Address

8130 N.W. 66 ST.
Miami, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-16-97

4. FEI Number

05-0767367

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

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26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Angel T. de Santis
861 West 80th PLACE
HIALEAH, FL 33014

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

(Print or type name of Registered Agent in full, including title)

(Type Registered Agent's name and company name, including title)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
President
Angel T. de Santis
861 West 80th PLACE
CITY-STATE-ZIP
HIALEAH, FL 33014

2. NAME
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. NAME
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

8. NAME
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. NAME

2. NAME

3. NAME

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35. NAME

SIGNATURE:

X Angel T. de Santis
SIGNATURE AND TITLE OF PERSON IN FULL NAME OF SIGNING OFFICER OR DIRECTOR