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

 PROFIT CORPORATION ANNUAL REPORT

**19**98

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 26 1998 8:00am

Secretary of State

☐ Change

☐ Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000064724 (2)

DIGITAL BUSINESS MACHINES USA, INC.

## Principal Place of Business Mailing Address 1840 W 49TH STREET 1840 W 49TH STREET SUIET 603-5 **SUIET 603-5** HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE HIALEAH FL 33012 3. Date Incorporated or Qualified 07/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 26 Not Applicable Suite, Apt. #. étc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name HART: DAVID J 100 N BISCAYNE BOULEVARD A2 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2600** В3 **MIAMÍ FL 33132** RA City 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 little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE NAME **Bezuide**nhout, H.A. 1.2 NAME BEZUIDEMHOUS, # 2600 POST OFFICE BOX 9005 STREET ADDRESS 1.3 STREET ADDRESS 100 N. BISCAYNE USA HENNOPSMEER 0046, SO. AFRICAOC CITY-ST-ZIP 1.4 CITY+ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DELETE