

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

FILED
Mar 16 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000081562 (5)

1. Corporation Name

DIGI COM SERVICES INC.

Principal Place of Business

577 NW 135 TERRACE
PLANTATION FL 33325

Mailing Address

577 NW 135 TERRACE
PLANTATION FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

☒ 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

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

QUINTERO, GUSTAVO A
577 NW 135 TERRACE
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name JOSE L. ROMERO

82 Street Address (P.O. Box Number is Not Acceptable)
1865 N. COMPOSITE LAKES BLVD. # 3

83

84 City WESTON FL 85 Zip Code 33326

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 PRESIDENT, DIRECTOR ☐ Change ☒ Addition
1.2 NAME EUGENIO A. LASCURAIN
1.3 STREET ADDRESS 13051 SW 29 CT.
1.4 CITY-ST-ZIP DAVIE, FL 33330

2.1 TITLE VICE-PRESIDENT, DIRECTOR ☐ Change ☒ Addition
2.2 NAME GASTON REBOREDO
2.3 STREET ADDRESS 2566 JARDIN WAY
2.4 CITY-ST-ZIP WESTON, FL 33327

3.1 TITLE SECRETARY, DIRECTOR ☐ Change ☒ Addition
3.2 NAME JOSE L. ROMERO
3.3 STREET ADDRESS 2537 MONTCLARE CIRCLE
3.4 CITY-ST-ZIP WESTON, FL 33327

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME IGNACIO MARTINEZ
4.3 STREET ADDRESS 1229 CAMELLIA CIRCLE
4.4 CITY-ST-ZIP WESTON, FL 33326

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.

SIGNATURE:

 EUGENIO LASCURAIN 3/11/98 (954) 3493371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0297176

CR2E034 (10/97)