

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000074425 1. Corporation Name

DIGITART, INC.

Principal Place of Business

Mailing Address

1228 WEST AVE. #914 MIAMI-BEACH FL 33139

1228 WEST AVE. #314 MIAMI-BEAGH FL-33139

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90022 021 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

08/26/1998

				00/20/1000		
	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
	2050 COLAL WAY	26 2050 LOR	AL WAY	65-085-9684		Not Applicable
Suite, Apt.	·	Suite, Apt. #, etc.		5. Certifcate of Status Desired	X	.75 Additional ee Required
22 SUIT		27 SUITE 300	'-A			
City & State	and the second s	City & State	-4.0.	6. Election Campaign Financing		.00 May Be
23 MIA		28 MIAMI, FL	ORI DA Country	Trust Fund Contribution		ided to Fees
Zip	Country			8. This corporation owes the cu	rrent year Intangible Yes	
24 331	45 25 0.5.A	29 33 145 30	U.S.A	Personal Property Tax.		, DINO
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
\#L1.	ADONA MADOELO		V	ILLABONA MAR	CELO	
VILLABONA, MARCELO			82 Street Address (P.O. Box Number is Not Acceptable)			
1228 WEST AVE, #314 - - MIAMI BEACH FL 33139			20	50 CORAL WAY	suite 30	20-A
	WEDEACH FL 33139		83	-		
			84 City		85	Zip Code
				IAMI	FL	33145
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named orized by the corne	corporation submits this statement for the gration's board of directors. I hereby acce	e purpose of changing the appointment.	ng its registered as registered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statutes.	nation's board of directors. Thoroby door		- 1
SIGNATURE Storypure, typed or printed name of underhead againt and bits it applicable (NOTE Registered Agent signature required when reinstaturg) DATE						
	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE Re	gistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO O		
TITLE	D	DELETE	1.1 TITLE	P. V. S. T. D	□ Ch	nange
NAME	VILLABONA, MARCELO		1.2 NAME	VILLABONA, MAR	LELD	
STREET ADDRESS	1228 WEST AVE, #314		13 STREET ADDRESS	2050 COBAL WAY	, SUITE ?	500-1
CITY-ST-ZIP	MIAMI-BEACH FL 33139		1.4 CiTY-ST-ZIP	MIAMI PLOKIDA	33145	
TITLE	D	DELETE	2.1 TITLE	•	☐ Ch	nange
NAME	VALLE, CAROL -		2.2 NAME			
STREET ADDRESS	1228 WEST AVE, #314		2.3 STREET ADDRESS			}
CITY-ST-ZIP	MIAMI-BEACH FL 33139		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Ch	ange Addition
NAME			3.2 NAME			
STREET ADORESS			33 STREET ADDRESS			Ì
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Ch	nange Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Ch	nange Addition
NAME			5.2 NAME			j
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			ļ
TITLE		☐ DELETE	6.1 TITLE		☐ Ch	ange Addition
NAME			6.2 NAME			
-			6.3 STREET ADDRESS			
STREET ADDRESS	, "		6.4 CITY-ST-ZIP			
CITY-ST-ZIP	Jan 1. 3 1 - 7 19	<u> </u>				

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 appaddress, with all other like empowered.

SIGNATURE: