05-03-1999 90039 024 \*\*\*150.00

n kontuoni kin talat jokki artik aakit ookit antii talak akitoi kinik kondo ikit kaak

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000085173

1. Corporation Name

DMS SYSTEMS, INC.

		1,					
Principal Place	of Busines:		М	ailing Address			1 (001(42) til 1010) (01) 001(1 00) 001(1 00) 1 00(0) 01(0) 01(0) 100(0)
1700 S W 1ST	AVENUE		170	00 S W 1ST AVENUE			
NO. 209				0. 209			DO NOT WRITE IN THIS SPACE
MIAMI FL 33129	,		Mil	AMI FL 33129			3. Date Incorporated or Qualifed
							10/05/1998
2. Principal Pl	ace of Busin		2a	. Mailing Address			4. FEI Number D. /
<del></del>	acc or busin		26	, maining / tourous			Not Applicable
Suite, Apt.	#. etc.		201	Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional
22	ni ara e ja		27	·			5. Certificate of Status Desired Fee Required
City & State	e		1	City & State			6. Election Campaign Financing \$5.00 May Be
23	•		28				Trust Fund Contribution Added to Fees
Zíp		Country		Zip	Count	у	8. This corporation owes the current year Intangible
24		25	29		30	_	Personal Property Tax. Yes No
	9. Name	and Address of Curre	nt Regis	stered Agent		<del> </del>	10. Name and Address of New Registered Agent
000	ONADO D	4140414			8	1 Nam	me
CORONADO, RAMONA 7300 CORAL WAY				!			eet Address (P.O. Box Number is Not Acceptable)
		AT					
SUIT					8	3	
MIAN	AI FL 3315	3			8	4 City	85 Zip Code
	•					1 .	
11. Pursuant	to the provis	ions of Sections 607.05	02 and 6	607.1508, Florida Statute	s, the abo	ve-name	ned corporation submits this statement for the purpose of changing its registered or or poration's board of directors. I hereby accept the appointment as registered
, agent. I ar	m familiar wi	th, and accept the oblig	ations of	f, Section 607.0505, Flori	ida Statute	y ine co es.	orporation's board of directors. Thereby accept the appointment of registeres
agent. I ai	m tamiliar wi	th, and accept the oblig	ations of	r, Section 607.0505, Fion	da Statute	es.	· .
agent. I an	m tamiliar wi	or printed name of registered ag	ent and title	if applicable. (NOTE:	Registered Ag	es.	ture required when reinstating) DATE
signature	m familiar wi	th, and accept the oblig	ent and title	r, Section 607.0505, Flori if applicable. (NOTE:	Registered Ag	ent signatu	ture required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  12.	signature, typed	or printed name of registered as	ent and title	if applicable. (NOTE:	Registered Ag  13.  1.1 TITLE	ent signatu	ture required when reinstating) DATE
SIGNATURE  12.  TITLE  NAME	Signature, typed PSD VARGAS,	or printed name of registered as OFFICERS A	ent and title	r, Section 607.0505, Flori if applicable. (NOTE:	Registered Ag  13.  1.1 TITLE	ent signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
agent. I at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	PSD VARGAS, 1700 S W	or printed name of registered as OFFICERS A  MIGUEL A  VIST AVENUE	ent and title	r, Section 607.0505, Flori if applicable. (NOTE:	Registered Ag  13. 1.1 TITLE 1.2 NAME	ent signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VARGAS, 1700 S W	or printed name of registered as OFFICERS A  MIGUEL A  VIST AVENUE	ent and title	if applicable. (NOTE:	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	ent signatu ET ADDRES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
agent. Fair SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD VARGAS, 1700 S W MIAMI FL	or printed name of registered as OFFICERS A  MIGUEL A  1 ST AVENUE  33129	ent and title	r, Section 607.0505, Flori if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	ent signatu  ET ADDRES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD VARGAS, 1700 S W MIAMI FL VD FUENTAS	or printed name of registered as OFFICERS A MIGUEL A 1ST AVENUE 33129	ent and title	if applicable. (NOTE:	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD VARGAS, 1700 S W MIAMI FL VD FUENTAS 1700 S W	or printed name of registered as OFFICERS A MIGUEL A VIST AVENUE 33129	ent and title	if applicable. (NOTE:	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ent signatu ET ADDRES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
agent. Fair SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	PSD VARGAS, 1700 S W MIAMI FL VD FUENTAS	or printed name of registered as OFFICERS A MIGUEL A VIST AVENUE 33129	ent and title	To period 607.0505, Flori  To period 607.0505, F	Registered Ag	ent signatu  ET ADDRES  ST-ZIP  ET ADDRES  -ST-ZIP-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
agent. Fair SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	PSD VARGAS, 1700 S W MIAMI FL VD FUENTAS 1700 S W	or printed name of registered as OFFICERS A MIGUEL A VIST AVENUE 33129	ent and title	if applicable. (NOTE:	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 2.14 CITY 3.1 TITLE	ET ADDRES  ET ADDRES  ST-ZIP  ET ADDRES  -ST-ZIP-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
Agent. I are SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PSD VARGAS, 1700 S W MIAMI FL VD FUENTAS 1700 S W	or printed name of registered as OFFICERS A MIGUEL A VIST AVENUE 33129	ent and title	To period 607.0505, Flori  To period 607.0505, F	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 7. 2.4 CITY 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 NAME 3.3 NAME 3.4 NAME 3.5 N	ent signatu  ET ADDRES  ST-ZIP  ET ADDRES  -ST-ZIP-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
agent. I are SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSD VARGAS, 1700 S W MIAMI FL VD FUENTAS 1700 S W	or printed name of registered as OFFICERS A MIGUEL A VIST AVENUE 33129	ent and title	To period 607.0505, Flori  To period 607.0505, F	Registered Ag	ET ADDRES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
agent. I are SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PSD VARGAS, 1700 S W MIAMI FL VD FUENTAS 1700 S W	or printed name of registered as OFFICERS A MIGUEL A VIST AVENUE 33129	ent and title	DELETE	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STRE 7. 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 3.4 CITY	ent signatu  ET ADDRES ST-ZIP  ET ADDRES -ST-ZIP-  ET ADDRES -ST-ZIP-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
Agent. I are signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PSD VARGAS, 1700 S W MIAMI FL VD FUENTAS 1700 S W	or printed name of registered as OFFICERS A MIGUEL A VIST AVENUE 33129	ent and title	To period 607.0505, Flori  To period 607.0505, F	Registered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE	ent signatu ET ADDRES ST-ZIP ET ADDRES -ST-ZIP- ET ADDRES -ST-ZIP-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
Agent. I are signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PSD VARGAS, 1700 S W MIAMI FL VD FUENTAS 1700 S W	or printed name of registered as OFFICERS A MIGUEL A VIST AVENUE 33129	ent and title	DELETE	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ent signatu  ET ADDRES  ST-ZIP  ET ADDRES  -ST-ZIP-  ET ADDRES  -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
Agent. I are SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD VARGAS, 1700 S W MIAMI FL VD FUENTAS 1700 S W	or printed name of registered as OFFICERS A MIGUEL A VIST AVENUE 33129	ent and title	DELETE	Registered Ag  13. 1.1 TITLE 12 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	ent signatu  ET ADDRES ST-ZIP  ET ADDRES -ST-ZIP-  ET ADDRES -ST-ZIP-  ET ADDRES ET ADDRES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
Agent. I are signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PSD VARGAS, 1700 S W MIAMI FL VD FUENTAS 1700 S W	or printed name of registered as OFFICERS A MIGUEL A VIST AVENUE 33129	ent and title	DELETE	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ent signatu  ET ADDRES ST-ZIP  ET ADDRES -ST-ZIP-  ET ADDRES -ST-ZIP-  ET ADDRES -ST-ZIP  ET ADDRES -ST-ZIP  ET ADDRES -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition  Change Addition

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition