

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

FILED

Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S92315** (8)  
1. Corporation Name  
**DIGITEK DESIGN CORP.**

Principal Place of Business <b>13999 LAKE LURE CT MIAMI LAKES FL 33014</b>	Mailing Address <b>13999 LAKE LURE CT MIAMI LAKES FL 33014</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/24/1991</b>	
25		30		4. FEI Number <b>65-0293959</b>	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEON, RODOLFO 13999 LAKE LURE CT MIAMI LAKES FL 33014</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
84 City				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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	P	LEON, RODOLFO J.	1.1 TITLE				1.1 TITLE
NAME			1.2 NAME				1.2 NAME
STREET ADDRESS		13999 LAKE LURE COURT	1.3 STREET ADDRESS				1.3 STREET ADDRESS
CITY-ST-ZIP		MIAMI LAKES FL	1.4 CITY-ST-ZIP				1.4 CITY-ST-ZIP
TITLE	V	LEON, MARIA R	2.1 TITLE				2.1 TITLE
NAME			2.2 NAME				2.2 NAME
STREET ADDRESS		13999 LAKE LURE COURT	2.3 STREET ADDRESS				2.3 STREET ADDRESS
CITY-ST-ZIP		MIAMI LAKES FL	2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP
TITLE			3.1 TITLE				3.1 TITLE
NAME			3.2 NAME				3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS				3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP
TITLE			4.1 TITLE				4.1 TITLE
NAME			4.2 NAME				4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS				4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP
TITLE			5.1 TITLE				5.1 TITLE
NAME			5.2 NAME				5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS				5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP
TITLE			6.1 TITLE				6.1 TITLE
NAME			6.2 NAME				6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS				6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP				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, changed, or on an attachment with an address

SIGNATURE:  **RODOLFO J. LEON** 3/9/98 305-819-4815

CR2E034 (10/97)