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Secretary of State

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation. **DOCUMENT # P40859 (1)**
CYBERWORLD CORPORATION
4199 RENOAK COURT
MISSISSAUGA, ONTARIO CANADA L5C 4K3

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Principle Place of Business
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified 10/08/1992
3a. Date of Last Report 3/96

4. FEI Number 980125465
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

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status \$138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
Registered Agent Accepting Appointment

12. OFFICERS AND DIRECTORS

1.1 TITLE D/P
1.2 NAME BANK, SANDOR
1.3 ADDRESS 4199 RENOAK COURT
1.4 CITY-STATE-ZIP MISSISSAUGA, ONT CANADA L5C 4K3

2.1 TITLE S
2.2 NAME BANK, ~~THE~~ GABRIELLA
2.3 ADDRESS 4199 RENOAK COURT
2.4 CITY-STATE-ZIP MISSISSAUGA, ONT CANADA L5C 4K3

3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-STATE-ZIP

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE
1.2 NAME
1.3 ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-STATE-ZIP

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***558.75
PE 8/19

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE _____ DATE **JUNE 12, 1997**
Print/Type Name of Signing Officer or Director _____ Title(s) _____ Daytime Telephone Number _____