

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

**FILED**  
**Feb 13 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000028117 (7)**

1. Corporation Name  
**CYBERMED, INC.**



Principal Place of Business  
**7446 S.W. 48TH ST. MIAMI FL 33155**

Mailing Address  
**7446 S.W. 48TH ST. MIAMI FL 33155-4469**

3. Date Incorporated or Qualified  
**04/13/1994**

3a. Date of Last Report  
**01/29/1996**

2. Principal Place of Business  
 21 **21420 SW 102 AVE.**

2a. Mailing Address  
 26 **21420 SW 102 AVE.**

4. FEI Number  
**65-0506187**

Applied For  
 Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **MIAMI, FLORIDA**

28 **MIAMI, FLORIDA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 **33189** 25 **USA**

29 **33189** 30 **USA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent  
**MARTINEZ, ALDO A**  
**7446 S.W. 48TH ST.**  
**MIAMI FL 33155**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, ALDO A</b>
STREET ADDRESS	<b>7446 S.W. 48TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL 33155</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, ALDO</b>
STREET ADDRESS	<b>7446 S.W. 48TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<del><b>SD</b></del> <input checked="" type="checkbox"/> DELETE
NAME	<del><b>MARTINEZ, LUIS E</b></del>
STREET ADDRESS	<del><b>7446 S.W. 48TH ST.</b></del>
CITY - ST - ZIP	<del><b>MIAMI FL 33155</b></del>
TITLE	<del><b>DS</b></del> <input checked="" type="checkbox"/> DELETE
NAME	<del><b>MARTINEZ, LUIS R ASST.</b></del>
STREET ADDRESS	<del><b>7446 S.W. 48TH ST.</b></del>
CITY - ST - ZIP	<del><b>MIAMI FL 33155</b></del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>21420 SW 102 AVENUE</b>
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33189</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>21420 SW 102 AVENUE</b>
2.4 CITY - ST - ZIP	<b>MIAMI, FL 33189</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Aldo A. Martinez* **ALDO A. MARTINEZ** **2-10-97** (305) 233-8445  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)