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May 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 # P93000043872 (9)

1. Corporation Name
SOCIOCYBERNETICS, INC.

Principal Place of Business
7260 S.W. 34TH ST. RD.
MIAMI FL 33155

Mailing Address
7260 S.W. 34TH ST. RD.
MIAMI FL 33155-2729



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS INC.
526 E PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
06/21/1993

3a. Date of Last Report
05/01/1996

4. FET Number
65-0423061

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

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CHM
NAME HOWARD, BERNARD E
STREET ADDRESS 7320 MILLER DRIVE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME HOLLER, GEORGE
STREET ADDRESS 769 BARBER STREET
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ DELETE

TITLE D
NAME CORRAL, CELESTINO A
STREET ADDRESS 1135 GOLDEN VALLEY CT
CITY-ST-ZIP LAWRENCEVILLE GA ☐ DELETE

TITLE D
NAME ANDRES, ROBERT
STREET ADDRESS 401 W OAK STREET
CITY-ST-ZIP ARCADIA FL 33821 ☒ DELETE

TITLE DS
NAME KUNCE, HENRY W
STREET ADDRESS 5025 S.W. 74TH TERRACE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE PD
NAME HAMMAN, HENRY L
STREET ADDRESS 7260 S.W. 34TH STREET ROAD
CITY-ST-ZIP MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

HENRY L. HAMMAN

APRIL 28, 1997 (305) 265-2142

CR2E034 (9/96)