FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **273143** **(8)**

1. Corporation Name

CIBEL INTERNATIONAL INC

Principal Place of Business	Mailing Address
13456 SW 58 CT MIAMI FL 33156 US	13456 SW 58 CT MIAMI FL 33156 US

3. Date Incorporated or Qualified: **08/27/1963**
3a. Date of Last Report: **02/08/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1165792** ☐ 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

9. Name and Address of Current Registered Agent

CASTELLVI, JOSE
13456 S.W. 58TH COURT
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: SILVIA CASTELLVI
82 Street Address (P.O. Box Number is Not Acceptable): 13456 S.W. 58 COURT
83:
84 City: MIAMI FL 85 Zip Code: 33156

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.

X SIGNATURE: Silvia Castellvi — SILVIA CASTELLVI - PRESIDENT — DATE: FEB 1-96
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CASTELLVI, JOSE		1.2 NAME		
STREET ADDRESS	13456 S.W. 58TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE	PRESIDENT TREASURER	☒ Change ☐ Addition
NAME	CASTELLVI, SILVIA		2.2 NAME		
STREET ADDRESS	13456 S.W. 58TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CASTELLVI, JOSE M		3.2 NAME		
STREET ADDRESS	13456 SW 58TH CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			4.2 NAME	JESUS SANTIAGO	
STREET ADDRESS			4.3 STREET ADDRESS	19101 N. MIAMI AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI FL 33169	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

X **SIGNATURE:** Silvia Castellvi — FEB 1/96 — (305)6665416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #