FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:13

DOCUMENT # 415913 (3)

1. Corporation Name
CYBERNETICS SYSTEMS INTERNATIONAL CORP.

Principal Place of Business	Mailing Address
2600 DOUGLAS RD. SUITE 700 CORAL GABLES FL 33134	2600 DOUGLAS RD. SUITE 700 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1973
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1441844 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KTG&S REGISTERED AGENT CORP. 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131	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 _____ DATE
(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	CTD	11 TITLE	Director	☒ Change ☐ Addition
NAME	MENDOZA, CLAUDIO	12 NAME	Mendoza, Claudio	
STREET ADDRESS	2600 DOUGLAS RD	13 STREET ADDRESS	2600 Douglas Rd, Ste 700	
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	Coral Gables, Fl 33134	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	PEISACH, HARRY	22 NAME		
STREET ADDRESS	2600 DOUGLAS RD	23 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP		
TITLE	V	31 TITLE	Director	☐ Change ☒ Addition
NAME	YIANILOS, THOMAS	32 NAME	Duane Hill	
STREET ADDRESS	2600 DOUGLAS RD	33 STREET ADDRESS	2600 Douglas Rd. Suite 700	
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	Coral Gables, Fl 33134	
TITLE	D	41 TITLE	Edward Dugger	☐ Change ☒ Addition
NAME	~~WHITE, GREG~~	42 NAME	2600 Douglas Rd, Ste 700	
STREET ADDRESS	2600 DOUGLAS RD	43 STREET ADDRESS	Coral Gables, Fl 33134	
CITY ST ZIP	CORAL GABLES FL	44 CITY ST ZIP	Board member	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, JEFFREY	52 NAME		
STREET ADDRESS	2600 DOUGLAS RD	53 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	54 CITY ST ZIP		
TITLE		61 TITLE	Aviles, Luis, Vice President	☐ Change ☒ Addition
NAME		62 NAME	2600 Douglas Rd Ste 700	
STREET ADDRESS		63 STREET ADDRESS	Coral Gables, Fl 33134	
CITY ST ZIP		64 CITY ST ZIP		

No longer with the company

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)(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 added in attachment with an address.

SIGNATURE: [signature] President 6/1/95 305-529-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0141703 CP