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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

CIBELES INVESTMENT CORP

Principal Place of Business

Mailing Address

3674 CHERRYHIL DRIVE ORLANDO FL 32822

3674 CHERRYHIL DRIVE ORLANDO FL 32822

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1973 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For **NOT APPLICABLE** 21 ✔ Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Y Yes □ Ño 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SUAREZ, JUAN PO BOX 720485 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32872

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.

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SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.					
12.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P DELETE	1.1 TITLE		Change	Addition
NAME	SUAREZ, MANUEL J.	1.2 NAME	2324 Leurong orcando, FL, 32803		
STREET ADDRESS	1828 DELANEY AVE	2239390A TEERTO C. 1 - 1	2327		
CITY - ST - ZIP	-ORLANDO-FE	1.4 CITY-ST-ZIP	ORCHADO, FL. 32803		
TITLE	T DELETE	2.1 TITLE		Change	Addition
NAME	SUAREZ, J. PASCUAL	2.2 NAME			
STREET ADDRESS	4971 SOUTHFORK RANCH DR	2.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL	2. 4 CITY - ST - ZIP			
TITLE	S DELETE	3.1 TITLE		Change	Addition
NAME	SUAREZ, JUAN	3.2 NAME			
STREET ADDRESS	3674 CHERRYHILL DR	3.3 STREET ADDRESS			
CITY-SY-ZIP	ORLANDO FL	3.4. CITY - ST - ZIP	< ORLANDO, FL. 328	ZZ.	
TITLE	DELETE	4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4,4 CITY-ST-ZIP			
TITLE	U 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			
01777 OT 710		C COID(CT 7/D			

14. I hereby certify that the information supplied with this filling does not ordally 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 trusted employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of on an attachment without a second control of the receiver of the second control of the receiver of the second control of the receiver of the second control of t

SIGNATURE:

REQUIRED

(407)27N-3712 1-15-98

Zip Code