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

appears in Block 12 or Block 13 if char

SIGNATURE:

May 14 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (1)F47319 CYPRESS A CORP. Principal Place of Business Mailing Address 5853 S CONGRESS AVE \$853 8. CONGRESS AVE LANTANA FL 33462-1347 LANTANA FL 33462 3. Date Incorporated or Qualified 3a. Date of Last Report 10/05/1981 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2132983 21 26 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Zιρ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔲 No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Namo ALIAGA, FRANK **383 DENNY COURT** Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 84 City 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 Signature, typed or printed name of ir gislored agent and title if applicable (NOT): Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 13. 96/6) DELFTE TITLE 1.1 TITLE ALIAGA, FRANK NAME 1.2 NAME E034 383 DENNY CT 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 City - ST - 7IP Change DELETE TITLE Addition 2.11/11/6 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELE 11 Change TITLE 311011 Addition NAME 3.2 NAM2 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP TITLE DELFTE 4.1 1011 Addition NAME 4 2 NAM STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C/1Y - S1 - ZIP DELETE Addition TITLE Change 5.1700E NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2IP DELFTE Change Addition TITLE 6111111 NAME G.2 NAMa STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes, I further certify that the uppremental armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of an attachment with an address. 14. I do hereby certify that the information sumplied information indicated on this annual report of star am an officer or director of the corporation of

FRANK ALIBGA

FILED

28/97

561-641-7143