

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 8:56

DOCUMENT # **M22213** (6)

1. Corporation Name  
**CIBCO INDUSTRIES AND SERVICES INCORPORATED**

Principal Place of Business Mailing Address  
**C/O DAVID F. CIBRIAN** % **DAVID F. CIBRIAN**  
**781 W 18TH ST.** **3401 BRIDGE ROAD**  
**HALEAH FL 33010** **COOPER CITY FL 33026**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date the corporation was organized 10/21/1985  
3a. Date of Last Report 01/27/1994  
4. FIC Number 59-2595120  
5. Certificate of Status Document  \$0.75 Additional Fee Required  
6. Election Campaign Financing ( ) \$5.00 May Be Added to Form  
7. This corporation has liability for intangible tax under Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Business Apt # etc 26. State Apt # etc  
22. City & State 27. City & State  
23. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**CIBRIAN, DAVID F.**  
**3401 BRIDGE ROAD**  
**COOPER CITY FL 33026**

10. Name and Address of New Registered Agent  
01. Name  
02. Street Address (P.O. Box Number is Not Acceptable)  
03.  
04. City FL 05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of registered agent or of the corporation) (If the registered agent is a corporation, the name of the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, OR AGENTS	
TITLE	PTD	TITLE	
NAME	CIBRIAN, DAVID F.	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3401 BRIDGE RD	1. STREET ADDRESS	
CITY, ST, ZIP	COOPER CITY FL	1. CITY, ST, ZIP	
TITLE	VSD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, NANCY L.	2. NAME	
STREET ADDRESS	2833 SW 124TH PLACE	2. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 190.02(4)(b), 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 this corporation or the receiver or liquidator thereof, or a person empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an alternate block with an address.

SIGNATURE: *David F. Cibrion* **DAVID F. CIBRIAN** President 01/19/95 (905) 887-7410  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR