

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 # **M22213 (6)**
1. Corporation Name
CIBCO INDUSTRIES AND SERVICES INCORPORATED



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

3. Date Incorporated or Qualified: **10/21/1985**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **59-2595120**
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

2. Principal Place of Business (21-24):
2a. Mailing Address (25-29):
22. State, Apt. # etc.:
27. State, Apt. # etc.:
23. City & State:
28. City & State:
24. Zip:
25. Country:
29. Zip:
30. Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CIBRIAN, DAVID F.
3401 BRIDGE ROAD
COOPER CITY FL 33026**

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 607.1503, 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 of registered agent (if not the same as the filer) (2001 - Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

1. TITLE	PTD	<input type="checkbox"/> DELETE
2. NAME	CIBRIAN, DAVID F.	
3. STREET ADDRESS	3401 BRIDGE RD	
4. CITY-STATE-ZIP	COOPER CITY FL	
5. TITLE	VSD	<input type="checkbox"/> DELETE
6. NAME	HAYES, NANCY L.	
7. STREET ADDRESS	2833 SW 124TH PLACE	
8. CITY-STATE-ZIP	MIAMI FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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.

SIGNATURE: *David F. Cibrían* **DAVID F. CIBRIAN President** 1/24/96 (305) 887-7180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)