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1995 MAY -1 PM 6:59
STATE OF FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P 93 000043 872

1. Corporation Name
 Sociocybemetics, Inc.

Principal Place of Business Mailing Address
 4260 S.W. 34th Street Road P.O. # 430083
 Miami FL 33155 Miami FL 33243

000001492420
 -05/17/95--01173--013
 *****200.00 *****200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7260 S.W. 34TH STREET ROAD Suite, Apt. #, etc. —		2a. Mailing Address 28 7260 S.W. 34TH STREET ROAD Suite, Apt. #, etc. —		3. Date of Last Report 38. Date of Last Report 6/21/93 1994 03/16/94	
22 City & State 23 MIAMI FL		27 City & State 28 MIAMI FL		4. FEI Number 65-0423061 Applied For Not Applicable	
24 Zip 33155		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33155		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27 Country USA		30 Country USA		7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent Nechons Corp Registered Agents, Inc. 526 E. Park Ave Suite 200 Tallahassee FL 32301				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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 _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CHA BERNARD E. HOWARD 7320 MILLER DR MIAMI, FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OK
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DIR GEORGE HOLLER 469 BARBER Sebastian FL. 32958	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition OK
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DIR CELESTINO A CORRAL 199 SW 12TH AVE APT 514 MIA FL 33130	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 528 NORTHWOODS LAKE CT DULUTH GA 30136
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DIR. ROBERT ANDRES 401 W. OAK ST ALACAOIA FL 32821	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition OK
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PRE. DIR HENRY W. KUNCE FOLS SW 74T TER. MIAMI FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR/SECRETARY
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TREASURER, DIR HENRY L. HAMMAN 675 S. WATERWAY MIAMI FL 33155	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT/DIRECTOR 5-1-95

14. I 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)(a), 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 of changes or as an attachment with an address.

SIGNATURE:  HENRY L. HAMMAN 4/25/95 (305) 266-2142