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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000058597

CYMA HOLDINGS, INC.

Principal Place of Business Mailing Address								******		.,	
2600 DOUGLAS RD SUITE 406			2600 DOUGLAS RD SUITE 406				DO NOT WRITE IN THIS SP/	ACE			
CORAL GABLES FL 33134 CORAL GABLES I			RAL GABLES FL 33134	L 33134			3. Date Incorporated or Qualifed				
							08/20/1993			1	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	T	Appli	ed For	
─ 1 '	ace of Basiness	26	g				65-0430973		Not A	pplicable	
21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Suite, Apt. #, etc.					8.7	5 Add	ditional	
22	, , , , ,	27					5. Certificate of Status Desired	-Fee	.Requ	ired -	
City & State			City & State				6. Election Campaign Financing	\$5.0)0 м	ay Be	
23		28					Trust Fund Contribution	Add	ed to I	Fees	
Zip	Country Zip			Country			8. This corporation owes the current year Intangi	ble		_	
24	25	29	3	30	_		1 Crodital 1 Topolity 1 4xi	Yes		No	
	9. Name and Address of Current	t Regist	ered Agent		_		10. Name and Address of New Registered Age	nt			
-	741 F7 O4DI OO F			81	ì	Name					
GONZALEZ, CARLOS E				82	Street Address (P.O. Box Number is Not Acceptable)						
2600 DOUGLAS RD											
SUITE 406			83				•		}		
CORAL GABLES FL 33134			84	84 City		8	5 Z	ip Co	de		
					1		FL\	بل			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florid	a. Such change was auf	thorized by	' tr	named corpor he corporation	oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment	ent as	regis	tered	
•	m familiar with, and accept the conga-	10115 01,	Section 607.0000, 1 lorn	du Otatato	٥.					}	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if	applicable (NOTE. F	Registered Age	nt:	signature required					
12.	OFFICERS AN	D DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D				
TITLE	DP		☐ DELETE	1.1 TITLE			L.] Chan	ge	☐ Addition	
NAME	GONZALEZ, CARLOS E			1.2 NAME						,	
STREET ADDRESS	2600 DOUGLAS RD SUITE 400	6		1.3 STREE	T.A	ADDRESS		•			
CITY-ST-ZIP_	CORAL GABLES FL			1.4 CITY-5	šT-	- ZIP					
TITLE	DVPS		☐ DELETE	2.1 TITLE		ĺ	L.] Chan	ge	☐ Addition	
NAME	Fernandez, Sergio L			2.2 NAME							
STREET ADDRESS	2600 DOUGLAS RD S406			2.3 STREE	T	ADDRESS				{	
CITY-ST-ZIP_	CORAL GABLES FL			2. 4 CITY-	\$T	-ZIP		101		T Addition	
TITLE			☐ DELETE	31 TITLE		1	Ļ.] Chan	ge	☐ Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	Τ,	ADDRESS			_	~	
CITY-ST-ZIP				3.4. CITY-	ST.	- ZIP		1 Char		Addition	
TITLE			☐ DELETE	4.1 TITLE			L] Chan	អូម	L] Addition	
NAME				4. 2 NAME						[
STREET ADDRESS						ADDRE\$S				İ	
CITY-ST-ZIP				4 CITY-ST-ZIP			Char	ne en	Addition		
TITLE			☐ DELETE	5.1 TITLE				Clidi	ye	C1 WOOIIIOI)	
NAME				5.2 NAME		ADDRESS	·			ł	
STREET ADDRESS				5.3 STREE						}	
CITY-ST-ZIP			O DELETE	5.4 CITY-S	31-	-217		Char	ne -	Addition	
TITLE			☐ DELETE	6.2 NAME				, , , ,	3~		
NAME			/ 1	U.Z (WHITE						1	

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90264 002 ***158.75

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14. I hereby certify that the information supplied with this filing does not qualify 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 hat 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 of true ee 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, with all other like empowered.