

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000025043 (7)**

1. Corporation Name

CYCLONE INVESTMENT CORP.



Principal Place of Business

**999 PONCE DE LEON BLVD. STE. 1110
CORAL GABLES FL 33134**

Mailing Address

**999 PONCE DE LEON BLVD. STE. 1110
CORAL GABLES FL 33134**

2. Principal Place of Business

21 **2201 SW. 89th**

Suite, Apt. #, etc.

22 **R**

City & State

23 **MIAMI FL.**

Zip

24 **33165**

Country

25 **DADE**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

4. FEI Number

65-0658193

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

**TRIAY, CARLOS A
999 PONCE DE LEON BLVD. STE. 1110
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE

Signature of the person filing this report (must be the registered agent)

Signature of the Registered Agent (must be the registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PST
TRIAY, CARLOS A**
STREET ADDRESS **999 PONCE DE LEON BLVD. STE. 1110**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **Eduardo Pubill T.**
STREET ADDRESS **RIO Piedras P.R.**
CITY-ST-ZIP **TREASURER.**

TITLE ☐ DELETE

NAME **Luis HERRERA S.**
STREET ADDRESS **2201 S.W. 89th**
CITY-ST-ZIP **MIA - FL 33165**
SECRETARY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 a later filed report, at all addresses.

SIGNATURE:

Luis Herrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/96

305-226-8594
Telephone Number

CR2E034 (12/95)