

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000025610 (3)

1. Corporation Name
CYBERVISION CORP.

Principal Place of Business
11356 STATE ROAD 84
DAVIE FL 33325

Mailing Address
11356 STATE ROAD 84
DAVIE FL 33325-4000

3. Date Incorporated or Qualified
03/29/1995

3a. Date of Last Report
08/27/1996

2. Principal Place of Business
21 520 Woodgate Cir
Suite, Apt. #, etc.

2a. Mailing Address
26 520 Woodgate Cir
Suite, Apt. #, etc.

4. FEI Number
65-0584205

Applied For
Not Applicable

22 2
City & State

27 2
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Sunrise
Zip

28 Sunrise
Zip

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33326 Country

29 33326 Country

8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARA, MELISSA
520 WOODGATE CIRCLE
SUNRISE FL 33326

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 607.0505, Florida Statutes.

SIGNATURE: Melissa Lara Sec.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARCIA, JESUS P	
STREET ADDRESS	457 E. 27TH STREET	
CITY- ST- ZIP	HIALEAH FL 33013	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LARA, MELISSA	
STREET ADDRESS	520 WOODGATE CIRCLE	
CITY- ST- ZIP	SUNRISE FL 33326	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LARA, JORGE D	
STREET ADDRESS	11222 S.W. 3RD STREET	
CITY- ST- ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: Melissa Lara Sec. Director

3-31-97

Date

Daytime Phone #

0285100

CR2E034 (9/96)