


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

FILED

May 02 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 # **P95000047770 (9)**

1. Corporation Name
CYBER-TECH COMPUTERS, INC.



Principal Place of Business 8045 NW 36TH ST STE 506A MIAMI FL 33168 US	Mailing Address 700 NE 80TH STREET SUITE 1000 MIAMI FL 33168-3752 8045 NW 36TH ST STE 506A MIAMI, FL 33166
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2. Principal Place of Business 21 8045 NW 36TH ST Suite, Apt. #, etc. 22 506A City & State 23 MIAMI, FL Zip 24 33166	2a. Mailing Address 26 8045 NW 36 STREET Suite, Apt. #, etc. 27 SUITE 506A City & State 28 MIAMI FL 33166 Zip 29 33166	Country 25 USA Country 30 US
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3. Date Incorporated or Qualified 06/09/1995	3a. Date of Last Report 04/29/1996
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4. FEI Number 65-0593489	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LEANDRO BOHDAN RONDON 8045 NW 36TH ST STE 506A MIAMI FL 33168	10. Name and Address of New Registered Agent 81 Name MARIEL H. CARRIZO 82 Street Address (P.O. Box Number is Not Acceptable) 8045 NW 36TH ST STE 506A 83 84 City MIAMI FL 85 Zip Code 33166
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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: *[Signature]* **MARIEL H. CARRIZO** DATE: **04-23-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEANDRO BOHDAN RONDON		1.2 NAME MARIEL H. CARRIZO	
STREET ADDRESS 8045 NW 36TH ST STE 506A		1.3 STREET ADDRESS 8045 NW 36TH ST STE 506A	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI, FL 33166	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 registered 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: *[Signature]* **MARIEL H. CARRIZO** DATE: **04-23-97** 305-599-2689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)