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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057137 (8)

FILED Apr 17 1998 8:00am Secretary of State

SKYBR	IDGE, INC.							
Principal Pla	ce of Business	Mailing Address				T CONTINUE THE TRANSPORT OF THE PROPERTY OF TH	BELDI BITIL (BOOT 1930	O ANGLE (BOD 1400)
8727 S.W. 4 LANE 8727 S.W. 4 LANE MIAMI FL 33174 MIAMI FL 33174						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						07/18/1995		
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0706596		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							<u>□ \$8.7</u>	5 Additional
22		27				5. Certificate of Status Desired		Required
City & Sta	ile	City & State				6. Election Campaign Financing	\$5.	00 May Be
23		28				Trust Fund Contribution		led to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes or has paid	d the current yea	r Intangible
24	25	29	30			Personal Properly Tax due June		□Ño
	9. Name and Address of Curr					10. Name and Address of New Reg	istered Agent	
CF	RNUDA, MARIA V			81 Nam	e			
8727 S.W. 4 LANE				32 Stree	et Addre	ss (P.O. Box Number is Not Acceptable	e)	-
	AMI FL 33174			0				
••••			- [4	33				
			- h	34 City			- Tot 1	Zip Code
				City			FL 85	Elp Code
office or agent. I s						pration submits this statement for the pu on's board of directors. I hereby accept		ng its registered
	Signature, typed or printed name of registered a			Agent signat	ure required	d when reinstating)	DATE	
12.	T	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	P			1.1 TITLE			☐ Chan	ge 🔲 Addition
NAME	CERNUDA, MARIA VICTORIA		1.2 NAME					
STREET ADDRESS	8727 SW 4 LANE			1.3 STREET ADDRESS				l l
CITY-ST-ZIP	MAMI FL 33174		_	1.4 CITY-ST-ZIP				- ["] 4 4 400
TITLE	I I			2.1 TITLE			L Char	ge 🔲 Addition
NAME	CERNUDA, ALFREDO							
STREET ADDRESS			2.3 STA	2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33174		_	2. 4 CITY-ST-ZIP			Пос	
TITLE			3.1 TITL				☐ Chan	ge 🔲 Addition
NAME			3.2 NAN					j
STREET ADDRESS				EET ADORESS	·			
CITY-ST-ZIP	-	DELETE		Y-ST-ZIP			Char	ge Addition
TITLE		[] DETERE	4.1 TITL				L Unar	Ac Moduou
NAME			4, 2 NA					
STREET ADDRESS				eet address	١ ا			
CITY-ST-ZIP		DELETE	4.4 CIT DELETE 5.1 TIT				70	no ladica
TITLE	1	F") DETEIR	5.1 TITL				Chan	ge 🔲 Addition
NAME	1		5.2 NAM					}
STREET ADDRESS				EET ADORESS	•			
CITY-ST-ZIP		DELETE		-ST-ZIP			Char	no Addition
TITLE		L_ DELEGE	6.1 TITL				LJ Uhan	ge 🔲 Addition
NAME]		6.2 NAN					j
STREET ADDRESS	1			EET ADDRESS	3			
CITY-ST-ZIP				- ST - ZIP				
						Section 119.07(3)(i). Florida Statutes. I fe		

1. I hereby certify that the information supplied with this filling 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 suppliemental annual report is not 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 implement 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.

CICMATUDE: MARIA V. CERMUDA

04/13/98

(205)005 0110