

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90001 011 ***550.00

DOCUMENT # **P95000057864**

1. Corporation Name
CY'S AT SOBE, INC.



Principal Place of Business
**1504 ALTON RD
6TH FLOOR
MAIMA BCH FL 33139
US**

Mailing Address
**1504 ALTON RD
6TH FLOOR
MAIMA BCH FL 33139
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 P.O. Box 226216
Suite, Apt. #, etc.
22

2a. Mailing Address
26 P.O. Box 226216
Suite, Apt. #, etc.
27

City & State
23 MIAMI, FL 33122
Zip
24 33122 Country
25 U.S.

City & State
28 MIAMI, FL 33122
Zip
29 33122 Country
30 U.S.

3. Date Incorporated or Qualified
07/26/1995

4. FEI Number
65-0601138 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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SUAREZ, CYNARA
1428 BRICKELL AVE
6TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Cynara Suarez**
82 Street Address (P.O. Box Number is Not Acceptable)
9956 N.W. 51 Terr.
83
84 City **Miami** FL 85 Zip Code **33178**

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 **Cynara Suarez** **Cynara Suarez** **9/7/99**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SUAREZ, CYNARA	
STREET ADDRESS	1504 ALTON RD	
CITY-ST-ZIP	MAIMA BCH FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9956 N.W. 51 Terr.
1.4 CITY-ST-ZIP	MIAMI, FL 33178
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 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: **Cynara Suarez** **Cynara Suarez** **9/7/99** **305-513-9431**
Signature typed or printed name of signing officer or director Date

CR2E034 (5/99)