

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandha B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061996 (1)

1. Corporation Name
CYBER REALTY, INC.



Principal Place of Business: 9200 SOUTH DADELAND BLVD. SUITE 511 MIAMI FL 33156
Mailing Address: 9200 SOUTH DADELAND BLVD. SUITE 511 MIAMI FL 33156

3. Date Incorporated or Qualified: 08/10/1995
3a. Date of Last Report

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 14607 SW 104 St. 27 Suite, Apt. #, etc. 27 City & State: 28 Miami, FL 29 Zip: 33186 30 Country: USA

4. FET Number: 65-0616842
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: JANSEN, MIKE GATEWAY TO THE WORLD 9200 SOUTH DADELAND BLVD. SUITE 511 MIAMI FL 33156

10. Name and Address of New Registered Agent: 81 Name: Kenneth Lowy 82 Street Address (P.O. Box Number is Not Acceptable): 14607 SW 104 St. 83 84 City: Miami FL 85 Zip Code: 33186

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature of Corporation: Signature of Registered Agent: DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWY, KENNETH	
STREET ADDRESS	14225 S.W. 97TH TERRACE	
CITY- ST- ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANSEN, MIKE	
STREET ADDRESS	9200 SOUTH DADELAND BLVD. SUITE 511	
CITY- ST- ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	D'ADESKY, CAROLE	
STREET ADDRESS	2 GROVE ISLES UNIT 2-304 COCONUT GROVE FL 33133	
CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	D'ADESKY, JOHN	
STREET ADDRESS	2 GROVE ISLES UNIT 2-304 COCONUT GROVE FL 33133	
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

11 TITLE	Treasurer, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		
21 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MIKE JANSEN	
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE	Vice President, Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE	Vice President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 its officer, partner, 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 other appointment with an address.

SIGNATURE: Kenneth J. Lowy 4/26/96 (305) 383-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day/Month/Year)

CR2E034 (12/96)