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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090831 (5)

CYMKA, INC.

·													
Principal Place of Business				Mailing Address					- -		I Brito I B ira	BOIDE IDIDE 1881	I i i i i i i i i i i i i i i i i i i i
17790 S.W. SECOND STREET PEMBROKE PINES FL 33029				17790 S.W. SECOND STREET PEMBROKE PINES FL 33029-3923									
									3. Date Incorporated or Qua 11/28/1995	lified	1	ate of Last R 08/1996	Report
2. Principal Pl	lace of Busi	ness	2a. M	2a. Mailing Address					4. FEI Number			Ar	pplied For
21			26	26				65-0652790			No	ot Applicable	
Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.					5. Certificate of Status Desire	ed			Additional
22			27										equired
City & State	e	þ	City & State					6. Election Campaign Finance	oing			May Be	
23		T 702		[28]					Trust Fund Contribution				to Fees
Zip	Country			Z(p Country			,		8. This corporation has liabil		intangible] Yes = [s. 199.032,
24	0 Name	and Address of Cu	rrent Benister	ed Agent	30	-т			Florida Statutes 10. Name and Address of N			_	
HOT			Tront riegistor	ou Agoin		81	Nai	 ne	io, italio and radioss of re	O 14 110	gioloida	- goil	
	RENO, J. C												.,
		ECOND STREET INES FL 33029					Stre	et Addre	et Address (P.O. Box Number is Not Acceptable)				
PEM	IDHUNE PI	ME9 LT 32058				83							
						84	City	,			FL	85 Zip	Code
11 Purguant	to the provis	sions of Sections 607	0502 and 607	1508 Florida Stat	tutes the	abow.	e-nan	ed corno	oration submits this statement for	r the n		f changing i	its registered
office or r	egistered a	gent, or both, in the S	late of Florida.	Such change wa	s authoriz	ed by	y the	corporation	pration submits this statement fo on's board of directors. I hereby	accer	ot the app	ointment as	registered
	m tamiliar w	itti, and accept the d	nigations of, S	ection 607.0505,	rionda St	atotes	S.						
SIGNATURE	Singalure lyers	d or printed name of regulers	d agert and the diag	obcable (N	OTE: Registe	red And	ent sign	ature require	d when reinstating)		DATE		
12.	3.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		AND DIRECTO		13				ADDITIONS/CHANGES TO	OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	PD			☐ DELE1E								Change	Addition
NAME	J. CYNT	HIA MORENO			1.2	NAME							
STREET ADDRESS	17790 S	.W. 2ND STREET		1.3 \$			ADDRE	SS					
CITY-ST-ZIP	PEMBRO	OCK PINES FL			1,4	CITY-S	ST-ZIP						
TITLE				☐ DELE1E	2.1	TITLE						Change	☐ Addition
NAME					2.2	NAME.							
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NAME					3.2	NAME							
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NAME					4.2	NAME							
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NAME						NAME							
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TITLE				☐ DELETE		TITLE						□ change	L MOURDII
NAME						NAME							
STREET ADDRESS	l				6.3	STREET	i addri	88					1

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 logal 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.

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FILED

Sep 03 1997 8:00am

Secretary of State