

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

FILED  
Jun 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra G. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000013466 (3)

1. Corporation Name

CYSIN CORPORATION



Principal Place of Business

520 BRICKELL KEY DRIVE  
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE  
MIAMI FL 33131-2680

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/13/1996

3a. Date of Last Report

4. FEI Number

65-0659952

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

STANHAM, NICHOLAS  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

DE LEON, LUIS C

STREET ADDRESS

520 BRICKELL KEY DR. SUITE 0-305

CITY-ST-ZIP

MIAMI FL 33131

TITLE

D

☐ DELETE

NAME

D'AMATO, CLAUDIA

STREET ADDRESS

520 BRICKELL KEY DR. SUITE 0-305

CITY-ST-ZIP

MIAMI FL 33131

TITLE

D

☐ DELETE

NAME

MARVAL, ILDEGAR

STREET ADDRESS

520 BRICKELL KEY DR. SUITE 0-305

CITY-ST-ZIP

MIAMI FL 33131

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Assistant Sec.

☐ Change

☒ Addition

1.2 NAME

Stanham, Nicholas

1.3 STREET ADDRESS

520 Brickell Key Dr. 305

1.4 CITY-ST-ZIP

Miami, FL 33131

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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

*[Handwritten Signature]*

CR2E034 (9/96)