

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

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Jul 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96 000037119**

1. Corporation Name  
**Cyberia, Inc.**

Principal Place of Business Mailing Address  
**501 N.E. 1st Avenue, Suite 200  
Miami, Florida 33132**

2. Principal Place of Business	2a. Mailing Address
21 <b>501 N.E. 1st Avenue</b>	26 <b>501 N.E. 1st Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Suite 200</b>	27 <b>Suite 200</b>
City & State	City & State
23 <b>Miami, Florida</b>	28 <b>Miami, Florida</b>
Zip	Zip
24 <b>33132</b>	29 <b>33132</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

3. Date Incorporated or Qualified <b>4/25/96</b>	3a. Date of Last Report
4. FEI Number <b>65-0703249</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Richard I. Martinez 501 N.E. 1st Avenue, Suite 200 Miami, Florida 33132</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 re-stating) DATE \_\_\_\_\_)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lisette Linares</b>	1.2 NAME	
STREET ADDRESS	<b>501 N.E. 1st Avenue, 2nd Floor</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Miami, Florida 33132</b>	1.4 CITY - ST - ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard I. Martinez, Esq.</b>	2.2 NAME	
STREET ADDRESS	<b>501 N.E. 1st Avenue, 2nd Floor</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Miami, Florida 33132</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(c), 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:  **7/8/97** (305) 577-3444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/96)