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Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. North  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000038618 (0)

1. Corporation Name  
CYBER-PRO, INC.



Principal Place of Business  
4796 N.W. 103RD COURT  
MIAMI FL 33178

Mailing Address  
4796 N.W. 103RD COURT  
MIAMI FL 33178-2243

3. Date Incorporated or Qualified 05/03/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 10880 NW 27 ST.

2a. Mailing Address  
26 10880 NW 27 ST.

4. FEI Number 65-0681072  
Applied For Not Applicable

Suite, Apt. #, etc.  
22 BAY 100

Suite, Apt. #, etc.  
27 BAY 100

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State  
23 MIAMI FL

City & State  
28 MIAMI FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip  
24 33178

Country  
29 33178

30  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENAS, JORGE A  
10880 N.W. 27TH STREET  
#100  
MIAMI FL 33178

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for PENAS, JORGE A.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes change/addition checkboxes.

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 (305) 715-9958

Date Daytime Phone #

CR2E034 (9/96)