

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000057996

1. Corporation Name

CYMA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4970 NW 102nd AVE. #206 MIAMI FL 33178	4970 NW 102nd AVE. #206 MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1236 NW 170 TERRACE		26 1236 NW 170 TERRACE		07/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0677114	
City & State		City & State		Applied For	
23 PEMBROKE PINES FL		28 PEMBROKE PINES FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33028		29 33028		33028	
Country		Country		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUCKER, VIRGINIA
4970 NW 102nd AVE #206
MIAMI FL 33178

81 Name	RAMIREZ-CAPPELOSSA, ANA
82 Street Address (P.O. Box Number is Not Acceptable)	1236 NW 170 TERRACE
83	
84 City	PEMBROKE PINES FL
85 Zip Code	33028

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

Ana V.R. Cappelossa

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D TUCKER, VIRGINIA	1.1 TITLE	D/PS TUCKER, VIRGINIA
NAME	4970 NW 102nd AVE. #206	1.2 NAME	1236 NW 170 TERRACE
STREET ADDRESS	MIAMI FL 33178	1.3 STREET ADDRESS	PEMBROKE PINES FL 33028
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D RAMIREZ, ANA	2.1 TITLE	D/VT RAMIREZ-CAPPELOSSA, ANA
NAME	4970 NW 102nd AVE. #206	2.2 NAME	1236 NW 170 TERRACE
STREET ADDRESS	MIAMI FL 33178	2.3 STREET ADDRESS	PEMBROKE PINES FL 33028
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Ana V.R. Cappelossa

Date

Business Phone

CR2E034 (10/97)