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

PROFIT . T **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P96000074020 (4)

CYBERGRO, INC.

Principal Place of Business	Mailing Address
8741 SW 54 STREET	8741 SW 54 STREET
MIAMI FL 33165	Miami Fl 33165

FILED May 19 1998 8:00am Secretary of State



	8741 SW 54 STREET 8741 SW 54 STREET MIAMI FL 33165 MIAMI FL 33165				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1996			
<u>⊨=</u> ; '		2a. Mailing Address	ailing Address		4. FEI Number	h	pplied For	
21		26			65-0700943		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Z(p)	Count	ry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	e. Name and Address of Curr				10. Name and Address of New Register	red Agent		
SP/	ANI o li, John M		8	1 Name				
	1 SW 54 STREET		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		-	
MIA	MI FL 33165		<u>.</u>	3				
			Ľ			·		
			8	4 City		-L. 85 Zip	Code	
office or r	to the provisions of Sections 6070 registered agent, or both, in the Starm familiar with, and accept the ob-	ite of Florida. Such change was ligations of, Section 607.0505, F	authorized Iorida Statut	by the corporates.	rporation submits this statement for the purposation's board of directors. I hereby accept the	appointment as	its registered s registered	
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	D	DELETE	1,1 1111	E T		Change	Addition	
NAME	SPANIOLI, JOHN M		1.2 NAM	E				
STREET ADDRESS	8741 SW 54 STREET		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33165			-ST-ZIP			1110	
TITLE		☐ DELETE	2 1 TITL			Change	☐ Addition	
NAME			2.2 NAM	l				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2 4 CH	Y-ST-7IP		Change	Addition	
NAME		L 4 02-17	3 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP		,		
TITLE		☐ DELETE	, 4.1 TITL	Ε		☐ Change	Addition	
NAME			4. 2 NA	NE				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP				'-ST-ZIP			4 3 3 9 7 .	
TITLE		☐ DELETE	5 1 TITL	1		Change	Addition	
NAME			5.2 NAM					
STREET ADDRESS				EE1 ADDRESS				
CITY-ST-ZIP		DELETE		'-\$1-ZIP		Change	☐ Addition	
TITLE		ן טננכו <i>ג</i>	6.1 T(TL				L Addition	
NAME			6.2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	I		■ 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.

4/2/08

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