

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90074 043 \*\*\*150.00

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1. Corporation Name  
CYBER MATRIX, INC.



Principal Place of Business  
9365 FOUNTAIN BLUE BLVD. STE E121  
MIAMI FL 33172

Mailing Address  
9365 FOUNTAIN BLUE BLVD. STE E121  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 9351 Fountainbleau Blvd

Suite, Apt. #, etc.  
22 Suite # B403

City & State  
23 MIAMI, FL

Zip Country  
24 33172 25 USA

2a. Mailing Address

26 9351 Fountainbleau Blvd

Suite, Apt. #, etc.  
27 Suite # B403

City & State  
28 MIAMI, FL

Zip Country  
29 33172 30 USA

3. Date Incorporated or Qualified

11/05/1996

4. FEI Number  
65-0705870

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SYED, WAHIDUDDIN  
9365 FOUNTAIN BLUE BLVD. STE E121  
MIAMI FL 33172

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 PD  
NAME SYED, ZIAUDDIN  
STREET ADDRESS 9365 FOUNTAIN BLUE BLVD. STE E121  
CITY-ST-ZIP MIAMI FL 33172

TITLE VD  
NAME SYED, WAHIDUDDIN  
STREET ADDRESS 9365 FOUNTAIN BLUE BLVD. STE E121  
CITY-ST-ZIP MIAMI FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/99 (305) 589-4427

Daytime Phone

CR25034 (11/98)

0274648