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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090945

1. Corporation Name

CYBER MATRIX, INC.

Principal Place of Business

Mailing Address

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

04-06-1999 90074 043 ***150.00



9365 FOUNTAIN MIAMI FL 33172	I BLUE BLVD. STE E121 ?	9365 FOUNTAIN BLUE BLVD. S MIAMI FL 33172	STE E121			TE IN TURO (מסב		
				·	DO NOT WRIT	TE IN THIS S	PACE		1
					3. Date Incorporated or Qualifed 11/05/1996				
2. Principal PI	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21 935	I Famoto's House Blue	26 9351 Jounto	ماط مران	eau Blva	4 65-0705 <u>870</u>			Not Applicable	١,
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22	WHE #RLO3	27 Suite # I	340) [3	5. Certifcate of Status Desired		Fee	Required	1
City & State	9	City & State			6. Election Campaign Financing		\$5.0	0 May Be	1
23 199	IAMI, FL	28 MIAMI,	セト		Trust Fund Contribution			d to Fees	
Zíp	Country	Zip	Country		8. This corporation owes the curre	ent year Inta	ngible		
24 33 N	72 25 USA	29 33 172 30	`	<u> </u>	Personal Property Tax.		Yes	□No	
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New R	Registered A	gent		
OVE	NATION DOWN		81	Name					'
syed, wahiduddin 9365 Fountain Blue Blvd. Ste E121			82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
MIAN	AI FL 33172		83						Ì
					the state of the s		05 7	- Codo	1
			84	City		FL	85 Zi	p Code	ĺ
office or re		and 607 1508 Florida Statutes t	the above	-named corpo	oration submits this statement for the	purpose of o	hanging	its registered	1
agent. I al	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was autho	orized by	the corporatio	on's board or directors. Thereby accep	pt tile appoin	imeni as		
SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was authons of, Section 607.0505, Florida	Statutes	the corporation		DATE DATE	ment as		
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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.

CITY-ST-ZIP

