

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

DOCUMENT # P96000100006

1. Corporation Name  
CIBYCOM, INC.

Principal Place of Business  
13053 SW 133 COURT  
MIAMI FL 33186

Mailing Address  
13053 SW 133 COURT  
MIAMI FL 33186

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90028 010 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/11/1996

4. FEI Number  
65-0712166

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

2. Principal Place of Business  
21 7921 SW 40 ST

2a. Mailing Address  
26 7921 SW 40 ST

Suite, Apt. #, etc.  
22 SUITE 43

Suite, Apt. #, etc.  
27 SUITE 43

City & State  
23 MIAMI - FL

City & State  
28 MIAMI - FL

Zip Country  
24 33155 25 EE UU

Zip Country  
29 33155 30 E.E UU.

9. Name and Address of Current Registered Agent

QUINTANA, CARLOS GALAZ  
13053 SW 133 COURT  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name  
MARCOS CARPENTER

82 Street Address (P.O. Box Number is Not Acceptable)

83 7921 SW 40 ST UNIT # 43

84 City MIAMI FL 85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

MARCOS CARPENTER

01-14-1999

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

TITLE D  
NAME VEGA, VICTOR  
STREET ADDRESS MANUEL SALAS 516  
CITY-ST-ZIP SANTIAGO, CHILE OC ☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME CONTRERAS, AUGUSTO  
STREET ADDRESS MANUEL SALAS 516  
CITY-ST-ZIP SANTIAGO, CHILE OC ☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME GALAZ, CARLOS  
STREET ADDRESS MANUEL SALAS 516  
CITY-ST-ZIP SANTIAGO - CHILE OC ☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME CARPENTER, MARCOS M  
STREET ADDRESS 13420 SW 128TH STREET  
CITY-ST-ZIP MIAMI FL 33186 ☐ DELETE

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

☒ Change ☐ Addition

D  
MARCOS CARPENTER  
7921 SW 40 ST UNIT 43  
MIAMI - FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Carlos Galaz

04-09-99 (305) 269-1682

Date

Daytime Phone #

(562) 341-3110

CR2E034 (11/98)