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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mørthafn

Secretary of State 🔪 DIVISION OF CORPORATIONS

DOCUMENT # P96000100115 (0)

SOCIEDAD INTERNACIONAL DE ANALISIS CIBERNETICO,

Principal Place of Business

Mailing Address

FILED Jun 12 1997 8:00am Secretary of State



10550 NW 77 CT. #207 HIALEAH FL 33016		10550 NW 77 CT. #207 HIALEAH FL 33016-2070				
					3. Date Incorporated or Qualified 12/11/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-075 812	Not Applicable
€uite, Apt.	#, etc.	Suite, Apt. #, etc.	 		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 *		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	y	B. This corporation has liability for in	ntangible tax Inder s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Cur	rent Registered Agent		T	10. Name and Address of New Reg	ilstered Agent
	RNA, ENRIQUE		81	Name		
18802 NW 89TH AVE. MIAMI FL 33018			82	Street Add	fress (P.O. Box Number is Not Acceptab	c)
****	W. 1 & 400 10		83			
ı			84	City		FI 85 Zip Code
11. Pursuant office or i agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob	0502 and 607.1508, Florida Statulate of Florida. Such change was digations of, Section 607.0505, Fl	tes, the above authorized borida Statute	e-named corp y the corpora s.	poration submits this statement for the pr tion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	specified the Parple side	E- Ropiclared An	ont signal wa trouv	ulted when reinstating)	DATE
12.		AND DIRECTORS	13.	on signato rego	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP .	DELETE	1.1 TITLE			Change Addition
NAME	HORNA, ALCIVIADES		1.2 NAME			
STREET ADDRESS	10550 NW 77 CT. #207		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY -	ST-ZIP		
TITLE	DV	DELETE 2.1				Change Addition
NAME	HORNA, ENRIQUE		2.2 NAME			
STREET ADDRESS	10550 NW 77 CT. #207		2.3 STREE	1 ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		2 4 CITY-	ST-ZIP		
TITLE	DS					Change Addition
NAME	HORNA, OLGA F		3.2 NAME			
STREET ADDRESS	10550 NW 77 CT. #207			ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change Addition
TITLE	LARCE JACOP O		4.1 TITLE			Charge Chaoditon
NAME STREET ADDRESS	10550 NW 77 CT. #207		4. 2 NAME			
***************************************	HIALEAH FL 33016		4.3 STREE	I ADDRESS		
CITY-ST-ZIP TITLE	D.	DELETE	5.1 TITLE	51-4H'		Change Addition
NAME	GUEVARA, PABLO L		5.2 NAME		50000221 -06/16/970102	2555
STREET ADDRESS	10550 NW 77 CT. #207			ADDRESS	-08/18/970102	<i>6</i> 033
CITY-ST-ZIP	HIÅLEAH FL 33016		5.4 CITY-1		***165.00	
TITLE	D	DELET E	61 TITLE		······································	Change Addition
NAME	HORNA, RENAN		62 NAME			- -
STREET ADDRESS	10550 NW 77 CT. #207			T ADDRESS		es
CITY-ST-ZIP	HIALEAH FL 33016	1	6.4 CITY-			6112197

I do hereby certify that the information supplied with this ting 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 eath; that I am an officer or director of the corporation of the legality extrustee 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,