

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90121 044 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|--|---|---|

**DOCUMENT # P98000101157**  
 1. Corporation Name  
**CIBAO GROUP INC.**

|   |   |
|---|---|
| Principal Place of Business<br>10145 N.W. 127 TERRACE<br>HIALEAH GARDENS FL 33018 | Mailing Address<br>10145 N.W. 127 TERRACE<br>HIALEAH GARDENS FL 33018 |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip<br>24                            | Country<br>25             |
| Zip<br>29                            | Country<br>30             |

|  |                                |                               |
|--|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br>12/04/1998  | 4. FEI Number<br>65-0881235    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required |                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |                               |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                               |

9. Name and Address of Current Registered Agent

**RODRIGUEZ, EDWIN**  
 10145 N.W. 127 TERRACE  
 HIALEAH GARDENS FL 33018

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 607.0509, Florida Statutes.

SIGNATURE: *Edwin Rodriguez* DATE: 4-1-99  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> DELETE |
| NAME           | RODRIGUEZ, EDWIN         |                                 |
| STREET ADDRESS | 10145 N.W. 127 TERRACE   |                                 |
| CITY-ST-ZIP    | HIALEAH GARDENS FL 33018 |                                 |
| TITLE          | VD                       | <input type="checkbox"/> DELETE |
| NAME           | PERALTA, JUAN            |                                 |
| STREET ADDRESS | 10145 N.W. 127 TERRACE   |                                 |
| CITY-ST-ZIP    | HIALEAH GARDENS FL 33018 |                                 |
| TITLE          | TD                       | <input type="checkbox"/> DELETE |
| NAME           | FERRER, JOHAN            |                                 |
| STREET ADDRESS | 10145 N.W. 127 TERRACE   |                                 |
| CITY-ST-ZIP    | HIALEAH GARDENS FL 33018 |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | HERNANDEZ, FERNANDO      |                                 |
| STREET ADDRESS | 10145 N.W. 127 TERRACE   |                                 |
| CITY-ST-ZIP    | HIALEAH GARDENS FL 33018 |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | FERRER, ANTONIO          |                                 |
| STREET ADDRESS | 10145 N.W. 127 TERRACE   |                                 |
| CITY-ST-ZIP    | HIALEAH GARDENS FL 33018 |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | HERNANDEZ, FERNANDO      |                                 |
| STREET ADDRESS | 10145 N.W. 127 TERRACE   |                                 |
| CITY-ST-ZIP    | HIALEAH GARDENS FL 33018 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

*Edwin Rodriguez*  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99  
 Date Daytime Phone #

CR2E034 (4/1/98)