

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

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S55711 (3)**  
1. Corporation Name  
**CYCLE DYNAMICS CORP.**



Principal Place of Business  
**14 NE 1ST AVENUE  
SUITE 1505  
MIAMI FL 33132**

Mailing Address  
**14 NE 1ST AVENUE  
SUITE 1505  
MIAMI FL 33132-2407**

3. Date Incorporated or Qualified  
**05/29/1991**

3a. Date of Last Report  
**04/30/1996**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number <b>65-0263707</b>	Applied For Not Applicable
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						

**DORFMAN, RONALD  
14 NORTHEAST 1ST AVENUE  
SUITE 1505  
MIAMI FL 33132**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DORFMAN RONALD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DORFMAN, RONALD</b>		1.2 NAME	
STREET ADDRESS <b>4444 S.W. 72ST AVE #112</b>		1.3 STREET ADDRESS	
CITY-ST- ZIP <b>MIAMI FL</b>		1.4 CITY-ST- ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DORFMAN, RONALD</b>		2.2 NAME	
STREET ADDRESS <b>4444 S.W. 72ST AVE #112</b>		2.3 STREET ADDRESS	
CITY-ST- ZIP <b>MIAMI FL</b>		2.4 CITY-ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST- ZIP		3.4 CITY-ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST- ZIP		4.4 CITY-ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST- ZIP		5.4 CITY-ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST- ZIP		6.4 CITY-ST- ZIP	

14. I do 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 in an attachment with an address.

**SIGNATURE:** *Ronald Dorfman* **4/24/97** (305) 317-8630  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)