FORM 72-503F REPORT OF DISTRIBUTIONS OUTSIDE CANADA

1. <u>Full name, address and telephone number of the Issuer.</u>

a) Full name of issuer Cybeats Technologies Corp. (formerly, Pima Zinc Corp.) / Cybeats Technologies Corp. (formerly, Pima Zinc Corp.)

b) Head office add	ress		
Street address	5th Floor – 410 West Georgia Street	Province/State	British Columbia
Municipality	Vancouver	Postal code/Zip code	V6B 1Z3
Country	Canada	Telephone number	+1 (647) 244-7229

c) Full legal name(s) of co-issuer(s) (if applicable)

2. <u>Type of security, the aggregate number or amount distributed and the aggregate purchase</u> price.

Types of security distributed

Provide the following information for all distributions of securities relying on an exemption from section 2.3 or 2.4 of the Rule on a per security basis. Refer to the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

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Convertible / exchangeable security code	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
UBS		1,287,500.0000	\$0.1600	\$0.1600	\$206,000.0000

Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Security code	Underlying security code	Exercis (Canao Lowest	e price dian \$) Highest	Expiry date (YYYY-MM-DD)	Conversion ratio	Describe other terms (if applicable)
WNT	CMS	\$0.2200	\$0.2200	2026-11-28	1:1	Each Warrant is exercisable into one Common Share at a price of \$0.22 per Commo n Share for a period of 24 m onths.

3. <u>Date of distribution(s).</u>

Distribution date					
	art and end dates	s. If the report is being	, filed for securitie	ted on only one distribution date, provide ies distribued on a continuous basis,	е
Start date	2024 11 YYYY MM	28 End date	2024 11 YYYY MM	28 DD	

4. <u>State the name and address of any person acting as dealer or underwriter (including an</u> <u>underwriter that is acting as agent) in connection with the distribution(s) of the securities.</u>

Dealer or underwriter information		
Full legal name]
Street address]
Municipality	Province/State]
Country	Postal code/Zip code]
Telephone number	Website	(if applicable)

5. <u>Certification</u>

Certification

Provide the following certification and business contact information of an officer, director or agent of the issuer. If the issuer is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer to prepare and certify the report on behalf of the issuer. If the report is being certified by an agent on behalf of the issuer, provide the applicable information for the agent in the boxes below.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer that makes a distribution of securities under certain prospectus exemptions to file a completed report of exempt distribution.

By completing the information below, I certify, on behalf of the issuer/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of Issuer/ investment				
fund manager/agent	Cybeats Technologies Corp.			
Full legal name	VAN STAVEREN Ja	ames		
	Family name	First given name	Secondary given names	
Title	Corporate Secretary			
Telephone number	+1 (647) 244-7229	Email address james	s@cybeats.com	
Signature	(signed) "James Van Staveren"	 Date 2024	12 09	
		 YYYY	MM DD	