

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED  
AND  
FILED

96 MAY -1 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **336882** (6)

1. Corporation Name

**YOLANDA APARTMENTS INC**

Principal Place of Business

**1036 S.W. 1 ST.  
MIAMI FL 33130  
US**

Mailing Address

**1036 S.W. 1 ST.  
MIAMI FL 33130  
US**

2. Principal Place of Business

**21 2300 CORAL WAY**

Suite, Apt. #, etc.

**22**  
City & State

**23 MIAMI FLORIDA,**

Zip

**24 33145**

Country

**25 US.**

2a. Mailing Address

**26 2300 CORAL WAY**

Suite, Apt. #, etc.

**27**  
City & State

**28 MIAMI FLORIDA,**

Zip

**29 33145**

Country

**30 US.**

3. Date Incorporated or Qualified

**10/24/1968**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-1407864**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC  
1036 S.W. 1 ST.  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

**81 Name  
FLORIDA ANNUAL REPORT SERVICES, INC.**

**82 Street Address (P.O. Box Number is Not Acceptable)  
2300 CORAL WAY SUITE # 200**

**83**

**84 City  
MIAMI**

**FL 85 Zip Code  
33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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

**AMADA CANTERA LOPEZ, PRES**

Signature, typed or printed name of registered agent and this application

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **PARADA, ANTONIO**  
CITY - ST - ZIP **1754 S.W. 14TH STREET  
MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96**

Date

Daytime Phone #

CR2E034 (12/95)