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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90114 015 ***150.00

DOCUMENT # P93000074253

1. Corporation Name

YAMBEL INC

| Principal Place 1837 51ST TERI NAPLES FL 339 | RACE SW | Mailing Address 1837 51ST TERRACE S' NAPLES FL 33999 | N | | | | , , , | orporated or C | OT WRI | | IS SPACE | | |
|---|---|--|--|---|--|---------------|--------------------------------|-----------------|---------|-------------|-----------------------------|----------------|----------------------------|
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | -+ | 4. FEI Num | | | | | Appli | ied For |
| 21 | | 26 | | | | 65-045 | 1442 | | | | | Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certifcate | of Status De | esired | | | | ditional | |
| City & State | | 27 | | | | | | <u> </u> | | | Requ | | |
| City & State | | City & State | | | | | Campaign Fin nd Contributio | - | | | JU M ed to | lay Be Fees | |
| Zip | Country | Zip | Co | ountry | | -+ | | oration owes | | ent vear l | | | , 555 |
| 24 | 25 | 29 | 30 | | | - | • | Property Tax | | -, , | Yes | | 3No |
| | 9. Name and Address of Currer | | | \Box | | | 10. Name ai | nd Address o | f New I | Registere | d Agent | | |
| 1837 | IZALEZ, JESUS P 7 51ST TERR S.W. LES FL 34116 | | 81 82 83 | Name Street | Address | s (P.O. Box N | lumber is Not | Accepta | able) | | | | |
| | | | | 84 | City | | | | | F | 85 2 | ip Co | de |
| l office or re | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change wa | is authorize | ed by ti | ne corpo | oration's | board of dir | ectors. I herei | by acce | pt the app | ointment a | s regi: | stered |
| SIGNATURE | Signature, typed or printed name of registered age | | | | | required wh | en reinstating) | | | DATE | _ | | |
| • | | int and title if applicable. (N | OTE: Registere | ed Agent | | required wh | | IS/CHANGES | TO OF | | | | |
| SIGNATURE | OFFICERS AN | int and title if applicable. (N | OTE: Registere | ed Agent | | required wh | | NS/CHANGES | TO OF | | AND DIREC | | S IN 12 |
| SIGNATURE | P GONZALEZ, JESUS | int and title if applicable. (N | OTE: Registere 13 1.1 1 | ed Agent 3. TITLE NAME | Signature r | required wh | | IS/CHANGES | S TO OF | | | | |
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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 truetes 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:

QUIRED NING OFFICER OR DIRECTOR