

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 857444

(4)

1. Corporation Name

YALCOT INVESTMENTS INC.

FILED

95 JAN 25 PM 2:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

**% FRANK R. S. FABRE, ESO.
717 PONCE DE LEON BLVD., SUITE 234
CORAL GABLES FL 33134**

Mailing Address

**% FRANK R. S. FABRE, ESO.
717 PONCE DE LEON BLVD., SUITE 234
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

08/02/1983

3a. Date of Last Report

04/27/1994

4. FEI Number

98-0065434

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**FABRE, FRANK R.S., ESO.
717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES FL 33134**

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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and fee if applicable.)

(NOTE: Registered Agent signature required when renouncing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **FABRE, FRANK**
STREET ADDRESS **717 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **SD**
NAME **FABRE, MARIA ELENA**
STREET ADDRESS **717 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **TD**
NAME **STAFF, MARIBLANCA**
STREET ADDRESS **CALLE 50, BANK OF AMERICA**
CITY-ST-ZIP **PANAMA, REP. OF PANAM**

TITLE **VP**
NAME **HENRIQUEZ, MARIO**
STREET ADDRESS **% 717 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 liquidator 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 my address.

SIGNATURE:

(Signature and typed or printed name of registered agent and fee if applicable.)

1/18/95

446-2266