FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **857444** **(4)**

1. Corporation Name

YALCOT INVESTMENTS INC.

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified: **08/02/1983**

3a. Date of Last Report: **01/25/1995**

4. FEI Number: **98-0065434** ☐ 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FABRE, FRANK R.S., ESQ.
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 Section 607.0505 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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FABRE, FRANK	
STREET ADDRESS	717 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	☐ DELETE
NAME	FABRE, MARIA ELENA	
STREET ADDRESS	717 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TD	☐ DELETE
NAME	STAFF, MARIBLANCA	
STREET ADDRESS	CALLE 50,BANK OF AMERICA	
CITY-ST-ZIP	PANAMA, REP.OF PANAM	
TITLE	VP	☐ DELETE
NAME	HENRIQUEZ, MARIO	
STREET ADDRESS	% 717 PONCE DELEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
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

1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
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)(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 added by attachment with an address.

SIGNATURE: V-P. 3/28/96 (305) 373-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

CR2E034 (12/95)