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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 546927

(5)

Y. A. C. EQUIPMENT AND MACHINERY CO.

FILED Jan 30 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address									
3074 N W 23		3074 N W 23 TERR	ACE			·			
MIAMI FL 3314		MIAMI FL 33142-70							
US		US				3. Date Incorporated or Qualified 08/29/1977	3a. Date of L 02/02/19		ort
2. Principal F	Place of Business	2a. Mailing Addres	S\$			4. FEI Number	1		ed For
21		26				59-1772950	-		pplicable
Suite, Apt.	. #, etc	Suite, Apt. #, e	tc.			5. Certificate of Status Desired		75 Add	
22		27				G. Commodic of Clarks Besiles	F	ee Requ	ired
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be			
Zip	Country	28		untry		Trust Fund Contribution		ided to F	
24	25	29	30	u,		8. This corporation has liability for in Florida Statutes	ntangible tax un Yes 🔲 No	der s. 19	19.032,
	9, Name and Address of Curre		30	T		10, Name and Address of New Reg			
CAS	STRO, ENRIQUE			81	Name				
	5 FAIRHAVEN PLACE			-	6	(2.6.2)			
f	MI FL 33133			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)		
				83					
						· · · · · · · · · · · · · · · · · · ·			
				64	City		FL 85	Zip Coo	ie
11, Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida	Statutes, the a	bove	-named corp	poration submits this statement for the pu		ina its re	agistered
office or r agent 1 a	registered agent, or both, in the State am familiar with, and accept the oblid	e of Florida. Such change lations of Section 607.05	e was authoriz€ i05. Florida Sta	id by tutes	the corporat	poration submits this statement for the pution's board of directors. I hereby accep	the appointme	nt as reg	jistered
SIGNATURE		31, 6001011 001 100	oo, Honaa on						
SIGNATURE	Signature, typical or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	o Age	nt signature requir	red when reinstating)	DATE	•	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS I	N 12
TITLE	PT SACRED ENDIANT	☐ DELE	TE 1.1 F	TLE			☐ Ch	ange [Addition
NAME	CASTRO, ENRIQUE		1.2 %	IAME					
STREET ADDRESS	1815 FAIRHAVEN PLACE		1.3 \$	TREET	address				
CITY - ST - 7IP	MIAMI, FL 00000			(TY-5	T- ZIP				<u></u>
TITLE	OACTOO CHITH VIDIO	☐ DELE	TE 2.1 T	ITLE			☐ Ch	ange _	Addition
NAME	CASTRO-SMITH, YIRIS		2.2 N	AME					•
STREET ADDRESS	3074 N W 23 TERRACE		2.3 \$	TREET	ADDRESS				
CITY - ST - ZIP	MIAMI, FL 00000			CITY-S	T-ZIP	·			
TITLE	S CASTRO VARA	DELE					L Ch	inge [Addition
NAME	CASTRO, YARA 1815 FAIRHAVEN PLACE		3.2 N						
STREET ADDRESS	MIAMI, FL 00000				ADDRESS				
CITY-ST-ZIP	MIMMI, FL VUUU	DELE		OTY-S	T-ZIP		[7] X.		7.4.400
TITLE		∟ DELE					L Ch	ange L	Addition
NAME STOTEL ADDRESS				AME	· 1				ļ
STREET ADDRESS					ADDRESS				
CITY+ST+ZIP		DELE		ITY - S'	T-ZIP		112	Г	1 (422)
TITLE		L DEFE			1		∐ Ch	inge	Addition
NAME CIDELL ADODUCE			52 N						
STREET ADDRESS					ADDRESS				
CHTY+ST-7IP TITLE		DELE		TI F	1-211		∏ Ch.	,,,,,, T	Addition
NAME		السا لادد						niñe ["	" NOOHIOU
			6.2 N		1000000				
STREET ADDRESS					ADDRESS				
011Y-S1-7-P 14 Ldo herel	by certify that the information curvilio	d with this filing dose no		ITY-SI		Lin Spotion 110 07/2V// Elevida Statuton	I found by a second for	Ab - 4 Ab -	

1. To nereby 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 eath; that I am an officer or director of the compression 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 is of thinges, or on an attachment with an address.

SIGNATURE:

() Yiris C) Smith

1-23-97

(305) 633-0700 Daytime Phone #

Date