

FILE NOW: FILING FEE AFTER MAY 1ST IS \$559.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS
DOCUMENT # 636280

1. Corporation Name

YOKOHAMA INTERNATIONAL, INC.

Principal Place of Business

 MGA 000-011
 PO BOX 25362
 MIAMI FL 33102-5362
 US

Mailing Address

 MGA 000-011
 PO BOX 025362
 MIAMI FL 33102-5362
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1979

4. FEI Number

59-1979489

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**

Fee Required

6. Election Campaign Financing ☐**\$5.00 May Be**

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address

 Suite, Apt. #, etc.
 City & State
 Zip Country

24. Zip Country

25

29. Zip Country

30

9. Name and Address of Current Registered Agent

FANOR, ARGUELLO
11412 SW 133 CT UNIT #1
MIAMI FL 33186

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARGUELLO, FANOR	
STREET ADDRESS	MGA 000-011 PO BOX 025362	
CITY-ST-ZIP	MIAMI FL 33102-5362	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DE ARGUELLO, DORA MARIE	
STREET ADDRESS	MGA 000-011 PO BOX 025362	
CITY-ST-ZIP	MIAMI FL 33102-5362	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

446-4723

FILED
Feb 08, 1999 8:00 am
Secretary of State

02-08-1999 90018 017 ***125.00

05-17-1999 90032 031 ****25.00



CR2E034 (11/98)