

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G02117** (1)

1. Corporation Name

**YRA-MAR INDUSTRIES, INC.**



Principal Place of Business

% ANTONIO ARGIZ  
9795 S. DIXIE HWY.  
MIAMI FL 33156

Mailing Address

% ANTONIO ARGIZ  
9795 S. DIXIE HWY.  
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ARGIZ, ANTONIO L**  
**9795 S. DIXIE HWY.**  
**MIAMI FL 33156**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

3. Date Incorporated (If Created)  
**10/01/1982**

3a. Date of Last Report  
**06/27/1995**

4. FEI Number

**59-2255808**

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

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 609.01(2) and 611.14(1), Florida Statutes, the undersigned hereby certifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Said statement was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duty described in Section 609.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>YRAUSQUIN, JESUS</b>	
STREET ADDRESS	<b>2121 N BAYSHORE DR</b>	
CITY-STATE-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>YRAUSQUIN, HAROLD</b>	
STREET ADDRESS	<b>2121 N BAYSHORE DR 619</b>	
CITY-STATE-ZIP	<b>MIAMI, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not constitute the explicit statement in Section 119.07(4)(c), Florida Statutes. I further certify that the information and data furnished herein are true and correct and that my signature shall have the same legal effect as if made under oath, that I am an officer or member of the corporation, that I am duly qualified to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I agree to pay the filing fee as stated on this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Antonio Argiz*

325/96

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CR2E034 (12/95)