SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE \$/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # GO2

1. Corporation Name
YRA-MAR INDUSTRIES, INC

(1)

FILED Sep 17 1997 8:00am Secretary of State

Principal Piac % ANTONIO 9795 S. DIXIE	Alling Address **S. ANTONIO ARGIZ **S. ANTONIO ARGIZ **S. S. DIXIE HWY. **MATONIO ARGIZ **S. S. DIXIE HWY. **MATONIO ARGIZ **S. DIXIE HWY. **Sulte, Apt. #, etc. **Sulte, Ap					WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified	3a. Date		•
									03/29	<u>9/1996</u>	
	Place of Business	-	Mailing Address								pplied For
21 Suite Ast	# oto							59~2255808			ot Applicable Additional
22 Suite, Apr.	π, οιο.	<u> </u>	alle, Apt. #, etc.					5. Certificate of Status Desired	<u> </u>		eguired
City & Stat	le		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28									to Fees
l Zip	Country	Z	ip	Cou	ıntry			8. This corporation owes or has pai	d the curren		
24				30		<u></u>		Personal Property Tax due June			No No
		nt Register	red Agent		0.7			10. Name and Address of New Reg	lstered Age	int	
					៥1	Name					
					82	Street A	Addres	ss (P.O. Box Number is Not Acceptab			
MIN.	AMI PL 33156										****
					63						
					84	City			FL	35 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE									urpose of ch t the appoin	anging i Iment as	ts registered registered
10		· · · · · · · · · · · · · · · · · · ·			o Age	ini signature	required			RECTO	88 IN 12
TITLE	V	D DITEOT			1LE			ADDITIONAL OF THE		Change	Addition
NAME	YRAUSQUIN, JESUS		_	1.2 N	AME]			_	•	
	2121 N BAYSHORE DR			1.3 \$	REFT	ADDRESS					
i	MIAMI, FL 00000										
TITLE	P		☐ DELETE					7		Change	Addition
NAME .				2.2 N	AME	ļ	1				
STREET ADDRESS				2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI, FL 00000			2.40	HTY-5	ST-ZIP			_		
TITLE			DELETE	3.1 1	TLE					Change	Acdition
NAME				3.2 N	AME						
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TITLE	1		DELETE	6.1 71		}			L	Change	Addition
NAME				6.2 N							
STREET ADDRESS				6.3 S	TREET	ADDRESS					
CITY-ST-7IP	1			64 C	IIY-S	T-ZIP					

14. I do hereby 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 aliqual 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 confidence or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if transged, or on an attachmost with an address.