


**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90005 050 \*\*\*150.00

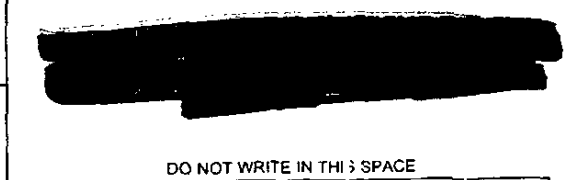
PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G02117**  
 1. Corporation Name  
**YRA-MAR INDUSTRIES, INC.**

Principal Place of Business: % ANTONIO ARGIZ, 1001 BRICKELL BAY DRIVE, 9TH FLOOR, MIAMI FL 33131  
 Mailing Address: % ANTONIO ARGIZ, 1001 BRICKELL BAY DRIVE, 9TH FLOOR, MIAMI FL 33131



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)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1982**

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 owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**ARGIZ, ANTONIO L**  
**% ANTONIO ARGIZ**  
**1001 BRICKELL BAY DRIVE, 9TH FLOOR**  
**MIAMI FL 33131**

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 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | V                        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | YRAUSQUIN, JESUS         | 1.2 NAME  |   |
| STREET ADDRESS             | 2121 N BAYSHORE DR., 619 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI, FL 00000          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | P                        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | YRAUSQUIN, HAROLD        | 2.2 NAME  |   |
| STREET ADDRESS             | 2121 N BAYSHORE DR., 619 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI, FL 00000          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 3.2 NAME  |   |
| STREET ADDRESS             |                          | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 4.2 NAME  |   |
| STREET ADDRESS             |                          | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME  |   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME  |   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                          | 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)(b), 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 Chapt 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/12/99**  
Signature, typed or printed name of signing officer or director

CR2E034 (11/98)