FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

199

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # G16213 (2)

1. Corporation Name

YOLMAR, INC.

[redacted]

Principal Place of Business	Mailing Address
% EMILIO C. CABALLERO ~~1647 SW 27 AVE~~ ~~MIAMI FL 33145~~	% EMILIO C. CABALLERO ~~1647 SW 27 AVE~~ ~~MIAMI FL 33145~~

3. Date Incorporated or Qualified: 12/03/1982
3a. Date of Last Report: 05/16/1996

2. Principal Place of Business	2a. Mailing Address
21 Capital Bank Bldg-Mezz.	26 Capital Bank Bldg.-Mezz.
22 2151 Le Jeune Road	27 2151 Le Jeune Road
23 Coral Gables, FL	28 Coral Gables, FL
24 33134 25 USA	29 33134 30 USA

4. FEI Number: 59-2241385 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CABALLERO, EMILIO C.
~~1647 S.W. 27TH AVENUE~~
~~MIAMI FL 33145~~

10. Name and Address of New Registered Agent

81 EMILIO C. CABALLERO
82 Street Address: Capital Bank Bldg. - Mezzanine
83 2151 Le Jeune Road
34 Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Section 607.0502 or 617.0502, 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. The corporation is currently qualified to accept service of process and is familiar with and accepts the obligations of its position as registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	TITLE	☐ Change ☐ Addition
NAME	GOMEZ, CARLOS A	NAME	
STREET ADDRESS	1647 SW 27 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VTD	TITLE	☐ Change ☐ Addition
NAME	BESOSA, JORGE	NAME	
STREET ADDRESS	1647 SW 27 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	SD	TITLE SD	☒ Change ☐ Addition
NAME	CABALLERO, EMILIO C.	NAME CABALLERO, EMILIO C.	
STREET ADDRESS	~~1647 SW 27 AVE~~	STREET ADDRESS Capital Bank Bldg.-Mezzanine	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP 2151 Le Jeune Road, Coral Gables FL	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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***165.00

14. I do hereby certify that the information supplied with this 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.

SIGNATURE: [signature] 4/23/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)