FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

J40229

(3)

YESSI INTERNATIONAL, INC.

FILED Mar 25 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			TIL BIBIT BIBIT BIBIT BIBIT IBBI
7008-NW 50 ST 453166)	16155 SW 117 AVE			
P.O. 80x 522024	BAY 8-B		DO NOT WOITE IN THIS	200105
MIAMI FL 33152 MIAMI FL 33177 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
.	00		10/30/1986	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 16155 SW 117 AVE	26 16155 SW	117 AVE	59-2731772	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22 8 9	27 # 9		6. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28 MIAMI FL		Trust Fund Contribution	Added to Fees
Zip Country 24 33177-1616 25 DADE	Zip 29 33177-1616 30	Country DADE	8. This corporation owes or has paid the cu	
9. Name and Address of Current		1 VITUE	Personal Property Tax due June 30. 10. Name and Address of New Registered	
BERNARD BOOKKEEPING SERVICE 81 Name				
40466 004 447 456				
SUITE 8	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
		83		
1110 WHI 1 E 00 PT 1		84 0		
		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 Signature, typed or printed name of registered agent	and title if applicable (NOTE: Bo	egistered Agent signature require	od when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE DP	☐ DELETE	1.1 TITLE		Change Addition
NAME GUENECHEA, BONIFACIO		1.2 NAME		
STREET ADDRESS 15501 SW 86 AVE.		1.3 STREET ADDRESS		į į
CITY-ST-ZIP MIAMI FL	☐ DECETE	1.4 CITY-ST-ZIP		Change Addition
NAME	L., beccie	2.1 TITLE 2.2 NAME		Citalige C Addition
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	<u> </u>	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		Ì
CITY-ST-ZIP		4.4 City - St - ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADORESS		
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME OTDET ADDRESS		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I hereby certify that the information supplied with	this filing does not qualify for th	6.4 CITY-ST-ZIP ne exemption stated in S	Section 119.07(3)(i), Florida Statutes, Lifurther of	ertify that the information

4. I 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 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 a stateching with an address

MANATURE AMURA VIOLOGICE

205-252