FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K27442** **(8)**

1. Corporation Name
MYL PROPERTIES INVESTMENT INC.

Principal Place of Business	Mailing Address
% JOSE ALVAREX 1818 WEST FLAGLER STREET MIAMI FL 33135	% JOSE ALVAREX 1818 WEST FLAGLER STREET MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 750 Collins Ave
22 Suite, Apt. #, etc.: No 1
23 City & State: Miami Beach Flw
24 Zip: 33139 25 Country: USA

2a. Mailing Address
26: 750 Collins Ave
27 Suite, Apt. #, etc.: No. 1
28 City & State: Miami Beach, FL.
29 Zip: 33139 30 Country: USA

4. FEI Number: 65-0078895 ☐ 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

ALVAREZ, JOSE
1818 WEST FLAGLER STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: ALVAREZ, Jose
82 Street Address (P.O. Box Number is Not Acceptable): 9445 Bird Road
83: Suite 105
84 City: Miami FL 85 Zip Code: 33165

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	D	1.1 TITLE	D/P.	☒ Change ☐ Addition
NAME	YUKEN, SALOMON	1.2 NAME	YUKEN, SALOMON	
STREET ADDRESS	1818 WEST FLAGLER STREET	1.3 STREET ADDRESS	750 Collins Ave #1	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MONTIEL, JOSE R.	2.2 NAME	Montiel, Jose R.	
STREET ADDRESS	1818 WEST FLAGLER STREET	2.3 STREET ADDRESS	601 South Shore Dr	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	DT	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	YUKEN, ROSA	3.2 NAME	YUKEN, Rosa	
STREET ADDRESS	1818 WEST FLAGLER ST	3.3 STREET ADDRESS	10101 E. BAY HARBOR DR #704	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 an attachment with an address.

SIGNATURE: _____ Salomon Yuken _____ 750-7285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0142714 CP