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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K76267

(9)

YTDA RDEATH INC

FILED May 21 1997 8:00am Secretary of State

Principal Place of Business 663 S.W. 40TH ST. 8UITE 174 MIAMI FL 33155	Mailing Address EOWARDO SANTOS 9645 SW 44TH ST MIAMI FL 33165-5823					
U8			-	3. Date Incorporated or Qualified 03/29/1989	3a. Date of L 04/16/19	•
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	-	Applied For
Sulte, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt #, etc		\$9.75 40		Not Applicable 75 Additional
22	27			5. Certificate of Status Desired	Fee Required	
City & State	City & State	h		6. Election Campaign Financing	\$5.00 May Be	
Zip Coi	untry Zip			Trust Fund Contribution		ded to Fees
24 25		Zip Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	idress of Current Registered Agent	1301		10. Name and Address of New Reg		
SANTOS, EDWARDO		1	Name			
0845 SW 44TH ST		\ <u>.</u>	32 Street A	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33165						
		1	33			
		1	64 City		FL 85	Zip Code
agent. I am familiar with, and SIGNATURE		, Florida Statu	tes.	equired when reinstating)	DATE.	
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
TITLE D	[_] DELETE	1.1 THE		PRESIDENTOS 1VZ SANTOS 9645 S.W 445 MIAMI FL, 33	Cha	ange 🔲 Addition
NAME SANTOS, EDWA		1.2 NAM		2005 SW 44	sT.	ſ
CITY-ST-ZIP MAMI FL	OI .		ET ADDRESS - ST-ZIP	MIAMI FE, 33	165	
TITLE	DELETE	21711		73177	Cha	ange Addition
NAME		2.2 NAM	IE (
STREET ADDRESS		2.3 STR	EET AODRESS			
CITY-ST-ZIP		2. 4 CIT	Y-ST-7IP		<u> </u>	
TITLE	DELETE	3 1 FiTL	!		L_I Cha	ange 🔲 Addition
NAME		3.2 NAM	· 1			ļ
STREET ADDRESS CITY-ST-ZIP			EFF ADDRESS			
TITLE	DELETE	4.1 Till	r-ST-ZIP		☐ Cha	ange Addition
NAME.		4 2 NAM	-			
STREET ADDRESS		1	ET ADDRESS			ļ
ČITY-ST-ZIP		4.4 CITY	-ST-ZIP		φ.	
TITLE	DELETE	5.1 TITE	F	UN	Cha	ange 🗌 Addition
NAME		5.2 NAM	le]	\mathcal{D}_{s}	17,	Ì
STREET ADORESS		5 3 STRI	ET ADDRESS	*(,	, U	
CITY-ST-ZIP	, I Driver		- S1 - ZIP		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	DELETE	6.1 TITU		10000220	zo Pf™	ange Addition
NAME OTORET ADDRESS		6.2 NAM		-06/04/970110	3019	
STREET ADDRESS			ET ADDRESS	***165.00		
CITY-ST-ZIP	ormation supplied with this filing does not di		-\$1-ZIP	lad in Section 119 07/3\/ii) Florida Statutos	I further certifu	that the

I mercup certary that the information supplied with this 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 eath: 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 Blook 12 or Block 13 if chapter of unit on an attachment with an approximation.