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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90137 028 \*\*\*150.00

| DOCUMENT # L62657  1. Corporation Name |   |
|--|---|
| YENDI INVESTMENTS CO.                  |   |
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| YENDI INVEST   | MENTS CO.  |   |  |  |   |  |                            |                      |  |
|--|--|---|--|--|---|--|----------------------------|----------------------|--|
| Principal Place of Busi  | ness   | Mailing Address                                 | <del></del> -  |  |   |  | HALLING MIGHT              | 1811 81811 B         | IBN EFEN DIBN IBN                                  |
| % OLGA CORZO   | \$   | % OLGA CORZO                                    |  |  |   |  |                            |                      |  |
| 7300 WAYNE AVENUE #  | WUE #513 7300 WAYNE AVENUE #513  |   | DO NOT WRI   | DO NOT WRITE IN THIS SPACE   |   |  |                            |                      |  |
| Mileton Design 72 0017   |  |   |  |  |   | 3. Date Incorporated or Qualifed   |                            |                      |  |
|  | · · · · · · · · · · · · · · · · · · ·  | <del></del>                                     |  |  |   | 03/27/1990   |                            |                      |  |
| _ '  | Principal Place of Business 2a. Mailing Address  |   |  |  |   | 4. FEI Number  |                            |                      | Applied For  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                             |  |  |   | 65-0338949   |                            | <b>\$9.7</b>         | Not Applicable  5 Additional                       |
| 22   | /  | 27  |  |  |   | 5. Certificate of Status Desired   |                            | <b>+</b>             | Required   |
| City & State   | <del></del>  | City & State                                    |  |  |   | 6. Election Campaign Financing   |                            | \$5.                 | 00 May Be  |
| 23   |  | 28  |  |  |   | Trust Fund Contribution  |                            |                      | ed to Fees   |
| Zip  | Country  | Zip   | Coun   | itry   |   | 8. This corporation owes the curr  | ent year Int               | angible<br>□Yes      | □No  |
| 24 9 Na  | 25 ame and Address of Current F  | 29 Anent  | 30   |  | <del></del>                                 | Personal Property Tax.  10. Name and Address of New F  | Registered                 |                      |  |
| <u> </u>   | alle alla Address of Odifelit I  | togistarou Agunt                                | <del></del> -†;  | 81   | Name  | The state of the s |                            | _                    |  |
| OLGA COR   |  |   | }_   | -  | Cinn at Ad                                  | described in Not Assert  | -blo)                      |                      |  |
|  | IE AVE, #513   |   | [ ]  | 82   | Street Add                                  | dress (P.O. Box Number is Not Accepta  | able)                      |                      |  |
| MIAMI BEAC   | CH FL 33141  |   | Ţ  | 83   |   |  |                            |                      |  |
| ١.   |  |   | <u> </u>   | 84   | City  | <del></del>  |                            | 85 2                 | Ip Code  |
|  |  | _   |  |  | -   |  | FL                         | .   '                | . 1  |
| 11. Pursuant to the pr   | ovisions of Sections 607.0502 a  | and 607.1508, Florida Statu                     | tes, the ab  | ove-r  | named cor                                   | poration submits this statement for the  | purpose or                 | changing<br>ntment a | registered   |
| SIGNATURE  |  |   | •  |  | _   | rporation submits this statement for the tion's board of directors. I hereby accepted when reinstating)  | purpose of<br>of the appoi | changing<br>ntment a | s registered                                       |
| SIGNATURE  | ovisions of Sections 607.0502 at agent, or both, in the State of<br>ar with, and accept the obligation<br>typed or printed name of registered agent an<br>OFFICERS AND | nd title if applicable. (NOTI                   | •  |  | _   |  | DATE                       |                      |  |
| SIGNATURE Signature, 1   | typed or printed name of registered agent ar   | nd title if applicable. (NOTI                   | E: Registered A  | Agent si   | _   | red when reinstating)  | DATE                       |                      | CTORS IN 12  |
| SIGNATURE  12. TITLE P NAME CORZ   | typed or printed name of registered agent as OFFICERS AND  | nd title if applicable. (NOTI                   | E: Registered A  | Agent si   | _   | red when reinstating)  | DATE                       | ID DIREC             | CTORS IN 12  |
| SIGNATURE  12. TITLE P  NAME CORZ STREET ADDRESS 7300  | opped or printed name of registered agent as OFFICERS AND CO, OLGA WAYNE AVE #513  | nd title if applicable. (NOTI                   | E: Registered A<br>13.<br>1.1 TITL<br>1.2 NAN  | Agent si<br>E<br>ME  | _   | red when reinstating)  | DATE                       | ID DIREC             | CTORS IN 12  |
| SIGNATURE  12. TITLE P  NAME CORZ  STREET ADDRESS CITY-ST-ZIP MIAMI  | typed or printed name of registered agent as OFFICERS AND  | nd title if applicable. (NOTI<br>DIRECTORS      | E: Registered A<br>13.<br>1.1 TITL<br>1.2 NAW<br>1.3 STR<br>1.4 CITN   | Agent si<br>E<br>AE<br>REET AL<br>Y-ST-Z   | oignature requir                            | red when reinstating)  | DATE                       | ID DIREC             | CTORS IN 12 ge Addition                            |
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14. 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 an attachment with an address, with all other like empowered.

SIGNATURE:

of DIRECTOR

04.20-99

Daytime Phone #