FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L92647 (1)

1. Corporation Name
YAUCONO, INC.

Principal Place of Business
1500 SAN REMO AVENUE #200
CORAL GABLES FL 33146

Mailing Address
~~169 E. FLAGLER ST. #1517 MIAMI FL 33131 US~~

3. Date Incorporated or Qualified: 08/10/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0267420 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 c/o MARTIN E. PONS
Suite, Apt. #, etc.
27 13727 SW 152 St. #305
City & State
28 Miami, Florida 33177
Zip 29 Country 30

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
~~PONS, MARTIN E.
169 E. FLAGLER ST.,
SUITE 1517
MIAMI FL 33131~~

10. Name and Address of New Registered Agent
81 Name: MARTIN E. PONS
82 Street Address (P.O. Box Number is Not Acceptable): 13727 SW 152 Street #305
83
84 City: Miami FL 85 Zip Code: 33177

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] DATE: 4/12/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	JIMENEZ, JOSE E.	
STREET ADDRESS	169 E. FLAGLER ST, SUITE 1517	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	☒ DELETE
NAME	TORRES, JULIO	
STREET ADDRESS	169 E. FLAGLER ST., SUITE 1517	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	PONS, MARTIN E.	
STREET ADDRESS	169 E. FLAGLER ST., SUITE 1517	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	JULIO TORRES	
1.3 STREET ADDRESS	13727 SW 152 Street, Suite 305	
1.4 CITY-ST-ZIP	Miami, Florida 33177	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary	☒ Change ☐ Addition
3.2 NAME	MARTIN E. PONS	
3.3 STREET ADDRESS	13727 SW 152 Street, Suite 305	
3.4 CITY-ST-ZIP	Miami, Florida 33177	
4.1 TITLE	Treasurer	☐ Change ☒ Addition
4.2 NAME	JULIO TORRES	
4.3 STREET ADDRESS	13727 SW 152 Street, Suite 305	
4.4 CITY-ST-ZIP	Miami, Florida 33177	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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: [signature] March 13, 1996 (305) 373-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JULIO TORRES

CR2E034 (12/95)