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Mar 26 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

**C O MARTIN E. PONS
13727 SW 152 ST. #305
MIAMI FL 33177-1106
US**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
08/10/1990

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0267420

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

**PONS, MARTIN E.
13727 SW 152 ST. #305
MIAMI FL 33177**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

**11. Pursuant to the provisions of Sections 607.01(2) 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 of the person filing this report is required when filing for the first time.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	TORRES, JULIO	
STREET ADDRESS	13727 SW 152 STREET, STE 305	
CITY-STATE-ZIP	MIAMI FL 33177	
TITLE	S	☐ DELETE
NAME	PONS, MARTIN E	
STREET ADDRESS	13727 SW 152 STREET, STE 305	
CITY-STATE-ZIP	MIAMI FL 33177	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

**14. I do hereby certify that the information supplied with this form 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:

Martin E Pons

Martin E Pons 015 3/21/97 305-373-3936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)