

FILE NOW. FEE: \$100.00. FEE AFTER MAY 1ST IS \$200.00

PROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED
Jun 04 1998 8:00am
Secretary of State

DOCUMENT # L 96165
1. Corporation Name
YAGA RAGZ MIAMI, INC.

Principal Place of Business
3015 GRAND AVE
SUITE 110
COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 8-28-90
4. FEI Number 65-0228457
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Zip

9. Name and Address of Current Registered Agent
COHEN LEWIS R ESQ
1399 SW 1ST AVE 4TH FL
MIAMI FL 33130

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number's Not Acceptable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.502 and 607.508, 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, hereby accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature of person filing this statement or their authorized agent) (NOTE: This change agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '98
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP

14. I hereby certify that the information supplied with this 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 secretary 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: _____
DATE: 05/27/98 (305) 441 8200
OFFICER OR DIRECTOR: ALFREDO PEREZ
TITLE: PRESIDENT

CR2E034 (10/97)