03-04-1999 90246 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Corporation	MENT # M18801 Y INTERNATIONAL CORP.						
Principal Place	of Business	Mailing Address			f 100 talle 101 tilb 6t i tilb 10 10 10 10 10 10 10 10 10 10 10 10 10		
PO BOX 16-0757 MIAMI FL 33116-0757		PO BOX 16-0757 MIAMI FL 33116-0757			DO NOT WRITE IN THIS SPACE	_	
					3. Date Incorporated or Qualifed 08/01/1985		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	_	
21		26			59-2707212 Not Applicable	≱	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees	\perp	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible	1	
24	25	29 30	<u>)</u>		Personal Property Tax.		
	9. Name and Address of Currer	nt Registered Agent	8	I Name	10. Name and Address of New Registered Agent	\dashv	
PERDOMO, MILAGROS			82	1	address (P.O. Box Number is Not Acceptable)	_	
231 ALTARA AVE CORAL GABLES FL 33146				 		-	
COR	AL GABLES FL 33140		83	'	·		
			84	1	-		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was auth	iorized bi	v tne corbor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
SIGNATURE					quired when reinstating) DATE	1	
	Signature, typed or printed name of registered age	Int and title if applicable. (NOTE: Re	13.	ent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv	
12.	P OFFICERS AI	DELETE	1.1 TITLE	т	Change Addition	on	
NAME	HANDAL, ALBERTO		1.2 NAME			}	
STREET ADDRESS	13821 S W 108TH STREET			ET ADDRESS			
	MIAMI FL		1,4 CITY-		•		
CITY-ST-ZIP TITLE	TS TS	DELETE 2.11		<u> </u>	Change Addition	on	
NAME	DE HANDAL, JULIETA	_	2.2 NAME		,	ı	
STREET ADDRESS	13821 S W 108TH STREET			ET ADDRESS	4	- [
CITY-ST-ZIP	MIAMI FL	• •		ST-ZIP	The second secon		
TITLE	D	☐ DELETE	31TITLE		Change Addition	חכ	
NAME	HANDAL, ROXANA		3.2 NAME	:			
STREET ADDRESS	13821 SW 108TH ST		3.3 STRE	ET ADDRESS		}	
CITY-ST-ZIP	MIAMI FL 33186		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Additi	on	
NAME			4 2 NAME	E		1	
STREET ADDRESS			4.3 STRE	ET ADDRESS	· .		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		4	
TITLE		☐ DELETE	5.1 TITLE		Change Additi	on }	
NAME			5.2 NAME		•		
STREET ADDRESS			•	ET ADDRESS	·.		
CITY-ST-ZIP		, ·	5.4 CITY-			_	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additi	on (

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS