

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90023 039 ***150.00

DOCUMENT # M25823

1. Corporation Name

YOIL INTERNATIONAL, INC.

Principal Place of Business

1825 COLLINS AVE
MIAMI BEACH FL 33139

Mailing Address

1825 COLLINS AVE
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1986

4. FEI Number

59-2385514

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARKEMA, FRANKLIN
1825 COLLINS AVE
MIAMI BEACH FL 33139

81 Name

JACINTO BOX

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

1825 COLLINS AVENUE

83

MIAMI BEACH, FL. 33139

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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, typed or printed name of registered agent and date, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RIANDE, LUCIA
STREET ADDRESS VIA ESPANA Y RICARDO ARI
CITY-ST-ZIP PANAMA 7, REPUB. PANAM ☐ DELETE

1.1 TITLE S
1.2 NAME RIANDE, DE VICTORIA, LUCIA ☒ Change ☐ Addition
1.3 STREET ADDRESS VIA ESPANA Y CALLE RICARDO ARIAS
1.4 CITY-ST-ZIP PANAMA 7, REPUBLICA DE PANAMA

TITLE P
NAME RIANDE PENA, ILDEFONSO ☒ DELETE
STREET ADDRESS VIA ESPANA Y RICARDO ARI
CITY-ST-ZIP PANAMA 7, REPUB. PANAM

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME LUZZI DE RIANDE, YOLANDA ☐ DELETE
STREET ADDRESS VIA ESPANA Y RICARDO ARI
CITY-ST-ZIP PANAMA 7, REPUB. PANAM

3.1 TITLE P ☒ Change ☐ Addition
3.2 NAME LUZZI DE RIANDE, YOLANDA
3.3 STREET ADDRESS VIA ESPANA Y CALLE RICARDO ARIAS
3.4 CITY-ST-ZIP PANAMA 7, REPUBLIC OF PANAMA

TITLE S
NAME RIANDE, NOEL ANTONIO ☐ DELETE
STREET ADDRESS VIA ESPANA Y RICARDO ARI
CITY-ST-ZIP PANAMA 7, REPUB. PANAM

4.1 TITLE V ☒ Change ☐ Addition
4.2 NAME RIANDE, NOEL ANTONIO
4.3 STREET ADDRESS VIA ESPANA Y CALLE RICARDO ARIAS
4.4 CITY-ST-ZIP PANAMA 7, REPUBLIC OF PANAMA

TITLE T
NAME RIANDE DE MINDREAU, D. ☐ DELETE
STREET ADDRESS VIA ESPANA Y RICARDO ARI
CITY-ST-ZIP PANAMA 7, REPUB. PANAM

5.1 TITLE T ☐ Change ☐ Addition
5.2 NAME RIANDE DE MINDREAU, DOLORES
5.3 STREET ADDRESS VIA ESPANA Y CALLE RICARDO ARIAS
5.4 CITY-ST-ZIP PANAMA 7, REPUBLIC OF PANAMA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99
Date

Daytime Phone #

CR2E034 (1/98)