Apr 07, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M49561

1. Corporation Name

YORK TITLE COMPANY

	•			•					
Principal Place	of Business	Mailing Address				-{	BIJOI (IUI EIQII OI	BIL OLDUL BYBAL OL	011 #101 ISBI
		6262 BIRD RD., #2H							
6262 BIRD RD MIAMI FL 33155		MIAMI FL 33155							
US		US					RITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	ď.		
						03/31/1987			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	•	App	olied For
21		26				59-2799558			Applicable
Suite Apt.	#, etc.	Suite, Apt #, etc.			_	5. Certifcate of Status Desired		\$8.75 A	
City & State		City & State		<u> </u>		6. Election Campaign Financing		\$5.00	May Re
23		28				Trust Fund Contribution	' C	Added to	* 1
Zip	Country	Zip		Country		8. This corporation owes the cu	rrent vear Inta	anaible	
24	25	29	30	•		Personal Property Tax.	,,,,,,		ĽNo
	9. Name and Address of Current		1571			10. Name and Address of New	Registered A	Agent	
				81	Name				
FERF	REIRA, CARMEN C.					(0.0.0)	4-61-3		
6262	BIRD RD.			82		ess (P.O. Box Number is Not Accep		ے 2	
#2H	ŕ			83					
MIAN	AI FL 33155								
****				84	City ~	11971	FL	85 Zig C	2 25
	to the provisions of Sections 607.0502	and 607 1509 Florido S	tatutan the	o obove r		4		changing its	registered
office or re	egistered agent or both in the State o	f Fiorida. Such change w	vas authori:	ized by th	e corporation	n's board of directors. I hereby acc	ept the appoir	ntment as reg	istered
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0505	5, Florida S	statutes.					
SIGNATURE						La ban seinetetina)	DATE		
	Signature, typed or printed name of registered agent				ignature required	when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTORS	1	13.	ignature required	when reinstating) ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12
12.	OFFICERS AND		1	13. .1 TITLE	ignature required				
12. TITLE NAME	PST FERREIRA, CARMEN C.	DIRECTORS	E 1.	13. .1 TITLE .2 NAME					
12. TITLE NAME STREET ADDRESS	PST FERREIRA, CARMEN C. 6262 BIRD RD., #2H	DIRECTORS	1. 1.	.1 TITLE .2 NAME .3 STREET AL	DORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP**	OFFICERS AND PST FERREIRA, CARMEN C. 6262 BIRD RD., #2H MIAMI FL 33155	D DIRECTORS	1. 1. 1. 1.	13. .1 TITLE .2 NAME .3 STREET AL	DORESS			Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PST FERREIRA, CARMEN C. 6262 BIRD RD., #2H MIAMI FL 33155 VP	DIRECTORS	1. 1. 1. 1. E 2.	13. .1 TITLE .2 NAME .3 STREET AL .4 CITY-ST-Z	DORESS				
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP- TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FERREIRA, CARMEN C. 6262 BIRD RD., #2H MIAMI FL 33155 VP RODRIGUEZ-DOD, ELOISA C.	D DIRECTORS DELET	1. 1. 1. 1. 1. 1. 1. 2. 2. 2. 2. 2. 2.	131 TITLE .2 NAME .3 STREET AI .4 CITY-ST-Z .1 TITLE .2 NAME .3 STREET AI	DORESS ZIP			Change	☐ Addition
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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 erren attachment was an accress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP