FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Scoretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

M57518

(6)

YELLOWTAILS, INC. Principal Plane of Business Muring Address						
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3105 COMMODORE PLAZA MIAMI FL 33133-5817		3105 COMMODORE PLAZA MIAMI FL 33133-5817				
				3. Date Incorporated or Qualified 08/17/1987	3a. Date of L. 02/28	ast Report 3/1995
2. Principal Pa	ce of Business	2a. Multing Address		4. FEI Number 59-2845876		Applied For Not Applicable
Sufe. Apt #	, etc	Suite Apt #, etc		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
Oty & State	<u></u>	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
<u>3]</u> ∠y,	Country	28	Country	8 This corporation has liability for	intangible tax un	nder s. 199.032,
1	25	29	30	10. Name and Address of New F		nt
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Maine and Addiese of the		
CALLES	A EMILIO			ress (P.O. Box Number is Not Acceptat	ole)	
CALLEJA, EMILIO 7201 S.W. 48TH CT.			83			
MIAMI F	FL 33143		94 6			35 Zip Code
			84 City	ration submits this statement for the purific of directors. Thereby accept the app	F-1 1	ĺ
SIGNATURE	Sound not type the first of a contract of the Lagra-				DATE	
12.	OFFICERS AT	ND DIRECTORS	Fite Flagridates April to squad we for port	ADDITIONS/CHANGES TO OF	FICERS AND DI	RECTORS IN 12 Change Addition
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I do bereb, certry that the information supplied with this hing is vountarily furnished and does not quality for the exemption stated in Section 118.07(5)(K). Florida Statutes. I furnished and does not quality for the exemption stated in Section 118.07(5)(K). Florida Statutes in furnished and does not quality that the information invicated 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 in thanged, or on an attachment with an address SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE: x

* Fell 12/36 * (305) H/B - 2768