FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED May 13 1998 8:00am Secretary of State

DOCUMENT # N97000004618 (1)
1. Corporation Name

YO SOY EL FUTURO, INC.

Principal Place of Business	Mailing Address
5027 SPRING RUN AVE ORLANDO FL 32819	5027 SPRING RUN AVE ORLANDO FL 32819

3. Date Incorporated or Qualified
08/13/1997

4. FEI Number **59-344-5332** ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CASTELEIRO, GLADYS
5027 SPRING RUN AVE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City FL	B5	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CASTELEIRO, GLADYS		1.2 NAME		
STREET ADDRESS	5027 SPRING RUN AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIVERA, VICTOR		2.2 NAME		
STREET ADDRESS	8841 LAMBERT LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		2.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	3.1 TITLE	D/s	☑ Change ☐ Addition
NAME	SANTOS, LAURA		3.2 NAME	Donna Bisignano	
STREET ADDRESS	1650 SAND LAKE RD		3.3 STREET ADDRESS	1085 S. Hiawassee Rd. #522	
CITY-ST-ZIP	ORLANDO FL 32809		3.4 CITY-ST-ZIP	Orlando, Fl. 32801	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAMOS, DANIEL		4.2 NAME		
STREET ADDRESS	894E ALTAMONTE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	PAGAN, ANGIE		5.2 NAME	Carmen Santiago	
STREET ADDRESS	323 S AURORA DR		5.3 STREET ADDRESS	672 N. Semoran Blvd. Ste. 303	
CITY-ST-ZIP	APOPKA FL 32703		5.4 CITY-ST-ZIP	Orlando, Fl. 32807	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SANTOS, NELLY		6.2 NAME		
STREET ADDRESS	2731 WOODRUFF DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gladys Casteleiro*   2-14-98   (407) 423-4422

CR2E037 (10/97)