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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

ANNUAL REPORT
STATEMENT # N97000004618

Corporation Name
YO SOY EL FUTURO, INC.

Principal Place of Business
5027 SPRING RUN AVE
ORLANDO FL 32819

Mailing Address
5027 SPRING RUN AVE
ORLANDO FL 32819



Principal Place of Business		2a. Mailing Address 26 P.O. Box 15	3. Date Incorporated or Qualified 08/13/1997
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. FEI Number 59-3445322
City & State		27 City & State 28 Orlando, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	29 Zip 32801	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CASTEIRO, GLADYS 5027 SPRING RUN AVE ORLANDO FL 32819		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code

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 Gladys Casteiro Signature, typed or printed name of registered agent and title if applicable.		DATE 2-10-99 (NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D CASTEIRO, GLADYS 5027 SPRING RUN AVE ORLANDO FL 32819 <input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
D RIVERA, VICTOR 8841 LAMBERT LANE ORLANDO FL 32825 <input checked="" type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
DS BISIGNANO 1085 S HIWASSEE RD 522 ORLANDO FL 32801 <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
D RAMOS, DANIEL 894E ALTAMONTE DR ALTAMONTE SPRINGS FL 32701 <input checked="" type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
D SANTIAGO, CARMEN 672 N SEMORAN BLVD STE 303 ORLANDO FL 32807 <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
D SANTOS, NELLY 2731 WOODRUFF DR ORLANDO FL 32837 <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
		D Peter Morales 9909 Dean Oaks Court Orlando, FL 32825 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		D Nancy Acevedo 1103 Winter Springs Blvd. Winter Springs, FL 32708 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		D Annie Hernandez 5216 Andrea Blvd. Orlando, FL 32807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		D Francisco Pagan 400 S. Orange Ave Orlando, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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, with all other like empowered.

CR2E037 (11/98)