FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CEDE BEH TO AVE

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9300006263 (6) **DOCUMENT #**1. Corporation Name

YAMILETH BEEPERS, CORPORATION

Principal Place of Business BEGG MAN TO AVE

Mailing Address	
Maring Address	

FILED Jan 30 1998 8:00am Secretary of State

MIAMI FL 33166	MIAMI FL 33166			•	
			DO NOT WRITE IN TH	IS SPACE	
			3. Date Incorporated or Qualified		
			01/21/1993		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
1	26		65-0384829	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	29 30	ountry	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible X Yes No	
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registers	ed Agent	
PEREYRA, GIOVANNY		81 Name			
5526 NW 79 AVE MIAMI FL 33166		82 Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84 City	F	-))	
 Pursuant to the provisions of Sections 607, office or registered agent, or both, in the S agent. I am familiar with, and accept the ol 	tate of Florida. Such change was authorize	ed by the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the a	e of changing its registered appointment as registered	

SIGNATURE	Signature, typed or printed name of registered agent and title il applicable (fit	IOTE: Registered Agent signature	p required when reinstating) OATE
12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEREYRA, GIOVANNY	1.2 NAME	
STREET ADDRESS	5526 NW 79 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	
TITLE	\$TD □ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEL PILAR GUTIERREZ , MARIA	2.2 NAME	
STREET ADDRESS	5526 NW 79 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	_MIAMI FL 33166	2. 4 CITY - ST - ZIP	<u> </u>
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	•
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this fling 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 accive or twistee 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 on a state and that my name address.

SIGNATURE: 19

Grovanny Penya (Pos) (-17-98 (705)716-9176