

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

**FILED**  
**Mar 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000041232 (8)**  
 1. Corporation Name  
**YOLY'S NATURAL FOOD CORP.**



Principal Place of Business 16281 S.W. 288 STREET HOMESTEAD FL 33030 US	Mailing Address 16281 S.W. 288 STREET HOMESTEAD FL 33030 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 205 N. KROME AVE. Suite, Apt. #, etc. 22 -- City & State 23 HOMESTEAD, FL Zip 24 33030 Country 25 U.S.A.		2a. Mailing Address 26 205 N. KROME AVE. Suite, Apt. #, etc. 27 -- City & State 28 HOMESTEAD, FL Zip 29 33030 Country 30 U.S.A.		3. Date Incorporated or Qualified 06/10/1993	4. FEI Number 65-0415994	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent FORTE, FRANCISCO P 16281 S.W. 288 STREET HOMESTEAD FL 33030				10. Name and Address of New Registered Agent			
81 Name		YOLANDA FORTE		82 Street Address (P.O. Box Number is Not Acceptable)		205 N. KROME AVE.	
83		--		84 City		HOMESTEAD, FL 85 33030	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Yolanda Forte* **YOLANDA FORTE** DATE **2/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTE, FRANCISCO P	1.2 NAME	YOLANDA FORTE
STREET ADDRESS	16281 S.W. 288 STREET	1.3 STREET ADDRESS	205 N. KROME AVE
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTE, YOLANDA	2.2 NAME	
STREET ADDRESS	16281 S.W. 288 STREET	2.3 STREET ADDRESS	205 N. KROME AVE.
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Yolanda Forte* **Yolanda Forte** DATE **2/20/98** (205) 245-9285

CR2E034 (10/97)