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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1998 8:00am

Secretary of State

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000080423 (5)

YUQUIYU CORPORATION

MIAMI FL 33157

CITY-ST-ZIP

TITLE

NAME

i Principal Pia	ICO DI BUSINOSS	Mailing Address				
7270 N.W. 12TH STREET, SUITE 340 MIAMI FL 33128-1928 US			7270 N.W. 12TH STREET, SUITE 340 Miami FL 33126-1928 US		DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	
					11/15/1993	
2. Principal	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21	26				65-0469094	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e		Suite, Apt. #, etc.	#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	X Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	red Agent
	DEL VALLE, MANUEL R		1	81 Name		
7270 N.W. 12TH ST.			- h	B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 340					, , , , , , , , , , , , , , , , , , , ,	
	MIAMI FL 33126-1928			B3		
			h	B4 City		- 85 Zip Code
				- 1	l l	FL 63 Zip Code
11, Pursuar	nt to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	utos, the ab	ove-named co	rporation submits this statement for the purpor	se of changing its registered
agent. I	registered agent, or both, in the Star am familiar with, and accept the obli	e of Floridal Such change was gations of, Section 607.05 05, F	s aut⊓orizeu Florida Statu	ites.	ation's board of directors. I hereby accept the	appoiniment as registered
SIGNATURE	· :					
biditatone	Signature: typed or printed name of registered a	geni and title d applicable (NC	OTE Registered	Agent signature requ	uired when reinstating) DA	TE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	DELETE	1.1 1110	.E		L Change L Addition
NAME	LAUREANO-PLACIO, BETT	Υ	1.2 NA	ME		
STREET ADDRESS			1.3 STR	EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33185		1,4 CIT	Y - ST - ZIP		
TITLE	DS	DELETE	2.1 TITE	Æ [☐ Change ☐ Addition
NAME	RODRIGUEZ-CAMACHO, F	OBERT	2.2 NAM	NE :		
STREET ADDRESS			2.3 STR	EET ADDRESS		
CITY-ST-ZIP_	PEMBROKE PINES FL 33025		2.4 CIT	Y-ST-ZIP		
TITLE	DT	DELETE	3.1 TITL	E		☐ Change ☐ Addition
NAME	MEDINA, JOSE A		3 2 NA	AE		
STREET ADDRESS	9591 FOUNTAINEBLEAU E	BLVD., APT. 612	3.3 STR	EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		3.4. CIT	Y-ST-ZIP		
TITLE	DVP	☐ DELETE	4.1 TITL	E	<u> </u>	Change Addition
NAME	YRIZARRY, JOSE M		4, 2 NA	MÉ		
STREET ADORESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176			Y-ST-ZIP		
TITLE	D	DELETE	5.1 TITL			Change Addition
NAME	FULLANA, FRANCISCO		5.2 NAM			
STREET ADDRESS	0000 0 14/ 400TH OT			EET ADDRESS		
SINECL ADDRESS			0.0011	PET VDDUC99		

14. Thereby 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: A TITLE A CAMBELLA OF STATE A CAMBELLA OF STAT

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 Street address

DELETE