

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000059199 (7)**

1. Corporation Name

YES MESSENGER SERVICE, INC.



Principal Place of Business

**8810 SW 123RD CT
SUITE M-407
MIAMI FL 33186
US**

Mailing Address

**8810 SW 123RD CT
SUITE M-407
MIAMI FL 33186
US**

3. Date Incorporated or Qualified
08/11/1994

3a. Date of Last Report
02/03/1995

4. FEI Number
65-0515325

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**ALVAREZ, MARY L
890 S DIXIE HWY
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer or Director

Signature of New Registered Agent or Officer or Director

DATE

12. OFFICERS AND DIRECTORS

12.1	P	☐ DELETE
NAME	ORTEGA, ALINA C.	
Street Address	8810 SW 123 CT #M-407	
CITY, ST, ZIP	MIAMI FL	
12.2		☐ DELETE
NAME		
Street Address		
CITY, ST, ZIP		
12.3		☐ DELETE
NAME		
Street Address		
CITY, ST, ZIP		
12.4		☐ DELETE
NAME		
Street Address		
CITY, ST, ZIP		
12.5		☐ DELETE
NAME		
Street Address		
CITY, ST, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1. TITLE	☐ Change ☐ Addition
13.2	2. NAME	
13.3	3. STREET ADDRESS	
13.4	4. CITY, ST, ZIP	
13.5	5. TITLE	☐ Change ☐ Addition
13.6	6. NAME	
13.7	7. STREET ADDRESS	
13.8	8. CITY, ST, ZIP	
13.9	9. TITLE	☐ Change ☐ Addition
13.10	10. NAME	
13.11	11. STREET ADDRESS	
13.12	12. CITY, ST, ZIP	
13.13	13. TITLE	☐ Change ☐ Addition
13.14	14. NAME	
13.15	15. STREET ADDRESS	
13.16	16. CITY, ST, ZIP	
13.17	17. TITLE	☐ Change ☐ Addition
13.18	18. NAME	
13.19	19. STREET ADDRESS	
13.20	20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALINA ORTEGA

1/16/96

439-0924

CR2E034 (12/95)