APPROVED SECOND NOTICE: CORPORATION W AND 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98 E: \$750). PROFIT FLORIDA DEPARTMENT OF STATE 98 DEC -4 AM 10: 23 CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS 1998 P95000032182 DOCUMENT # YEN CORPORATION Principal Place of Business Mailing Address 8279 NW 66 Street 33166 DO NOT WRITE IN THIS SPACE Miami, FL 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-059252 Same 26 21 Not Applicable Suite, Apt. #, etc. ite, Apt. #. etc. \$8.75 Additional 8279 NW66 St 5. Certificate of Status Desired 279 NW66 St 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be F1 33166 28 MIAMI Miami. Trust Fund Contribution Added to Fees 23 25 US Country 3316 8. This corporation owes or has paid the current year Intangible $\dot{\upsilon}$ S 29 24 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Eduardo Arguello (P) Street Address (P.O. Box Number is Not Acceptable) 6993 W. 7 Ave 82 83 +lialeah,FL 33014 84 City 85 Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE (5/98)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE (マ 1.1 TITLE Change Addition TITLE NAME Lopez 1.2 NAME Hernan CR2E034 625+#233 13700 SW STREET ADDRESS 1.3 STREET ADDRESS Man 33183 CITY ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE (\overline{P}) 2.1 TITLE 2.2 NAME NAME trans 110 300002706473--9. Eduardo STREET ADDRESS å ne 2 3 STREET ADDRESS -12/08/98--01076--002 699 3 *****61 25 *****61 25 ** Change Addition CITY-ST-ZIP 014 2 4 CITY - ST- ZIP DELETE TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADORESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6 2 NAME 6 3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP In strate
Interesting that the information supplied with this filling 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 EOUARDO 11-6-98 Date SIGNATURE: Daytime Phone #