FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

1996 MAR 29 PM 1:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P95000061469 (9)**

1. Corporation Name

YERCON ENTERPRISE INC.

Principal Place of Business	Mailing Address
~~9240 SW 72 ST~~ ~~SUITE 239-B~~ ~~MIAMI FL 33173~~	9240 SW 72 ST SUITE 239-B MIAMI FL 33173

3. Date Incorporated or Qualified: 08/09/1995

3a. Date of Last Report:

4. FEI Number: 65-0599926 ☐ 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 9810 NW 80 Avenue	26 9810 NW 80 Ave
22 Suite, Apt. #, etc. Bay 8T	27 Suite, Apt. #, etc. Bay 8T
23 City & State Hialeah GARDENS	28 City & State Hialeah GARDENS
24 Zip 33016 25 Country	29 Zip 33016 30 Country

9. Name and Address of Current Registered Agent

~~ARIAS, MARIA T~~
~~9240 SW 72 ST~~
~~SUITE 239-B~~
~~MIAMI FL 33173~~

10. Name and Address of New Registered Agent

81 Name: YAMILA LLADO
82 Street Address (P.O. Box Number is Not Acceptable): 19931 NW 38 CT
83
84 City: MIAMI FL 85 Zip Code: 33055

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: Yamila Llado (Signature, typed or printed name of registered agent and title if applicable) (DATE: Registered Agent Signature Required When Filing This Form) DATE: 3/27/96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P	☐ DELETE
~~ARIAS, MARIA T~~	
~~9240 SW 72 ST SUITE 239-B~~	
~~MIAMI FL 33173~~	
	☐ DELETE
	☐ DELETE
	☐ DELETE
	☐ DELETE
	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	P/T	☐ Change ☐ Addition
1-2 NAME	YAMILA LLADO	
1-3 STREET ADDRESS	19931 NW 38 CT	
1-4 CITY-ST-ZIP	MIAMI FL 33055	
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

CR2E034 (12/95)

LSL 3/29/96

14. I do 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)(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: ✓ Yamila Llado / Pres/Treas. 3/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE