

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

DOCUMENT # P95000061817 (9)

1. Corporation Name

YINKOS CORPORATION



Principal Place of Business

Mailing Address

7926 EAST DRIVE
APT. 103
MIAMI BEACH FL 33141

7926 EAST DRIVE
APT. 103
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified

08/09/1995

3a. Date of Last Report

4. FEI Number

65-0612652

Accepted for Filing

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YINKO, ENRIQUE

7926 EAST DRIVE 242 NE 211 TERR.

APT. 103

MIAMI BEACH FL 33141 N° Miami Beach Fl.
33179.

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 607.1508, 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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ DELETE

NAME
YINKO, ENRIQUE
STREET ADDRESS
7926 EAST DRIVE, APT. 103
CITY-STATE-ZIP
MIAMI BEACH FL 33141

2. 2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. 3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. 4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. 5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. 6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. 7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. 8. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. 1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. 2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. 3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. 4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. 5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. 6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

Date

Daytime Phone

305
999-9316

CR2E034 (12/95)