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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000085473**1. Corporation Name

Y. & G. MANAGEMENT, INC.

Principal Place of Business	Mailing Address	
2582 SW 3 ST	2582 SW 3 ST	-
MIAMI FL 33135	MIAMI FL 33135	

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

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Suite, Apt	. #, etc.	27 St	uite, Apt. #, etc.			5. Certifcate	of Status Desired			Additional equired
City & Sta	ite	C	ity & State			6. Election C	ampaign Financing	П	\$5.00	May Be
23		28	· ··-			Trust Fund	1 Contribution	<u>.                                 </u>	Added	to Fees
Zip	Country	Zi <sub>l</sub>	P	Countr	у .	8, This corpo	ration owes the curre	ent year inta	ngible	_
24	25	29		30			Property Tax.		☐ Yes	□No ,
<del></del>	9. Name and Address of					10. Name and	Address of New R	egistered /	Agent	
A\$4/	ADO VOLANDA	The straight straight	** \$ \bigs  \	8.	Name					· {
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MIA	MI FL 33135			83	3	1 r 4 d	Caral Elst.	1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>		
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11. Pursuant	to the provisions of Sections 6 registered agent, or both, in the	607.0502 and 607.	1508, Florida Statut	es, the above	e-named con	rporation submits th	is statement for the	purpose of o	changing its	registered
	registered agent, or both, in the	e state of Florida.	Such chiange was a	unionzeu o	rine corporat	non a goard or direc	tors, i hereby accep	tine appoin	iument as re	gistered
agent. I a	am familiar with, and accept the	e obligations of, Se	ection 607.0505, Flo	rida Statute	s.					
agent. I a		e obligations of, Se	ection 607.0505, Flo	rida Statute	s					
agent. I a	Signature, typed or printed name of regis	stered agent and title if app	olicable. (NOTE		•	ired when reinstating)	ight	DATE	·	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Figrida 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 regal effect as if made under oath; that I am an officer or director of the coorporation 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 31 if changed, or on an entachingent with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR