

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000094837 (8)

1. Corporation Name

THE NET YELLOW PAGES CORPORATION

Principal Place of Business

10640 NW 27 STREET #103  
MIAMI FL 33172

Mailing Address

10640 NW 27 STREET #103  
MIAMI FL 33172-2166



3. Date Incorporated or Qualified

12/14/1995

3a. Date of Last Report

06/18/1996

2. Principal Place of Business

2a. Mailing Address

P.O. Box 2662

Suite, Apt #, etc.

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City & State

MIAMI FL

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Zip

Country

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30

City

State

Zip

Country

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4. FEI Number

65-0635092

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Election Campaign Financing

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\$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

GARCIA-CARRANZA, CARLOS  
10640 NW 27 STREET #103  
MIAMI FL 33172

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/97

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GARCIA-CARRANZA, CARLOS  
STREET ADDRESS 8239 NW 199 STREET  
CITY- ST- ZIP MIAMI FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P  
12 NAME GARCIA-CARRANZA, CARLOS  
13 STREET ADDRESS 3254 SW 175 AVE.  
14 CITY- ST- ZIP MIRAMAR FL 33029

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0232861

CR2E034 (9/96)