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

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. McCham 🎤 **ANNUAL REPORT** Secretary of State FILED DIVISION OF CORPORATIONS 1997 97 AUG -5 PH 3: 47 DOCUMENT # P96000013682 (5) SECKLIANT OF STATE YAMSFER GIANT CORP. Principal Place of Business Mailing Address 936 SW 67 AVE 936 SW 67 AVE MIAMI FL 33144 MIAMI FL 33144-4761 3. Date Incorporated or Qualified 3s. Date of Last Report 02/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 63-06 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BECERRA, MARIA G 936 SW 67 AVE ress (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33144** 83 84 Zip Code 33144 City <u>Miami</u> 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, if 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 3 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. VŠD DELETE TITLE 1.1 TIBLE ☐ Change **★** Addition Isis Silva BECERRA, MARIA G NAME 1.2 NAME 936 SW 67 AVE 436 SW 67 Ave STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33144** MIRMI FL 33/44 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE ☐ Change ☐ Addition RODRIGUEZ, OSVALDO NAME 2.2 NAME 100002282401--0 936 SW 67 AVE STREET\_ADDRESS 2.3 STREET ADDRESS -08/08/97--01141--024 Share Addition **MIAMI FL 33144** CITY-- ZIP 2.4 CITY - ST-ZIP \*###165.00 \_\_\_ DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ■ Addition NAME 4.2 NAME

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 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 supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information report is report as required shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or full receive of investee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, go of an attachment with an address.

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