PROFIT CORPORATION ANNUAL REPORT 1999

YAMSFER GIANT CORP.

1. Corporation Name



DOCUMENT # P9600013682

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90201 002 ***150.00

Principal Place of Business Mailing Address					I (III 1500) 190 IN 18 BRIST ONITE RATE ONLI A	Alan sings itsis diese in ien bien inns
936 SW 67 AVE		936 SW 67 AVE	936 SW 67 AVE			
MIAMI FL 33:44		MIAMI FL 33144			DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualifed	TIS SI AGE
					02/09/1996	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
	INCE OF DUSTITIONS	26			65-0646930	Not Applicable
21 Suite, Act. #, etc.		Suite, Apt. #, etc.			_	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 Nay Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Col	untry	8. This co poration owes the current year	
24	25	29	30		Personal Property Tax.	Yes []No
	9. Name and Address of C	Current Registered Agent			10. Name and Address of New Register	erl Agent
41:3				81 Name		
	ONIO A FERRER			82 Street A	Address (P.O. Box Number is Not Acceptable)	
936 S.W. 67 AVENUE						
MIAI	MI FL 33144			83		
				84 City		85 Zip Ccde
· 						-
office or r agent. I a	registered agent, or bot 1, in the im familiar with, and accept the	State of Florida. Such enauge wa obligations of, Section 807.0505.	s authorize Fisrida Stat	tutes.	corporation submits this statement for the purpose ora ion's board of directors. I hereby accept the ap	рынинент аз гединегео
	Signature, typed or printed rise a of registe			<u> </u>	equi ed when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS	
12.		RS AND DIRECTORS	13.			Change Addition
TITLE	VSD	DELETE	1.1 7		TUDNNE VEGA.	onange
NAME	SILVA, ISIS			AME		
STREET ADDRESS				TREET ADDRESS	12. 12 22 14. V	
CITY-ST-ZIP	MIAMI FL 33144	☐ DELETE	2.1 T	ITY-ST-ZIP	Misici, Pls. 33 144 P.D.	Change Addition
TITLE	PD	Deterie		IAME	ANTONIO FERRER. 936 SW. 67 Ave. MANI: Flg. 33/44	
NAME	ANTONIO FERRER			ŀ	936 SIN 67 Ave.	
STREET ADDRESS				TREET ADDRESS	Minis tola 33/44	
CITY-ST-ZIP	MIAMI FL 33144	DELETE	2.4 C	CITY-ST-ZIP	7-17 way 1 = peq : 3 = 1 . 7	Change Addition
TITLE		□ Octor				
NAME			32 N			
STREET ADDRESS			3.3 5	TREET ADDRESS		
CITY-ST-ZIP				NT (OT 710		
TITLE		☐ DELETE		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 T	πLE		☐ Change ☐ Addition
NAME		☐ DELETE	4.1 T 4. 2 f	ITLE NAME		☐ Change ☐ Addition
NAME STREET ADDRESS		□ DELETE	4.1 T 4.21 4.3 S	TLE VAME TREET ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		202	4.1 T 4.2 f 4.3 S 4.4 C	NAME STREET ADDRESS STY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.1 T 4.2 f 4.3 S 4.4 C	NAME STREET ADDRESS STY-ST-ZIP		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		202	4.1T 4.21 4.3S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	TTLE NAME STREET ADDRESS SITY- ST-ZIP ITLE JAME STREET ADDRESS SITY-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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 for swered 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 other like ampowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE;

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 301-2668471