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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032158 (3)
YALYN DULCE HOGAR INC.

May 12 1997 8:00am Secretary of State

FILED

Principal Place of Business Mailing Address 1840 W. 49 ST. #222-2 HALEAH FL 33012 HIALEAH FL 33012 HIALEAH FL 33012-2949							
) . e					3. Date incorporated or Qualified 04/12/1996	3a. Date of Last I	Report
2. Principal Pl	lace of Business	2a. Mailing Address		,	4. FEI Number 06692		pplied For lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$8.75	Additional lequired
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip 24	Country 25	71p	Count 30	ry	8. This corporation has liability for inta		
	9. Name and Address of Curi			11 Name	10. Name and Address of New Regis		
1840 W. 49 ST. #222-2 HIALEAH FL 33012			82 Si		ress (P.O. Box Number is Not Acceptable))	
11000	CATT C 000 IZ		\{\bar{8}	3			
			}	City			Code
				iva namad zari	poration submits this statement for the pure	pose of changing	its registered
11. Pursuant to office or reagent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the ob	0502 and 607.1508, Florida St ate of Florida Such change v oligations of, Section 607.0508	Statutes, Iho abo was authorized 35, Florida Statul	by the corporates.	tion's board of directors. I hereby accept the	he appointment a	s registered
agent la	im familiar with, and accept the ob- Signature, typed or printed name of registered	oligations of Section 607.0608	(NOTE: Registered /	les.	ired when reinstating)	DATE	
agent Lai SIGNATURE	I'm familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS A	ages and tille it applicable. AND DIRECTORS	(NOTE: Registered /	tos. Agont signature requi		DATE RS AND DIRECTO	RS <u>IN 12</u>
agent La SIGNATURE 12.	In familiar with, and accept the ob- Signature, typed or printed hame of registered OFFICERS A	oligations of Section 607.0608	(NOTE: Registered / 13. E	los. Igont signature requi	ired when reinstating)	DATE	RS <u>IN 12</u>
agent fai SIGNATURE 12. TITLE	In familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS A DP MACHADO, JUAN J	ages and tille it applicable. AND DIRECTORS	(NOTE: Registered / 13.	los. Agent signalure requi	ired when reinstating)	DATE RS AND DIRECTO	RS <u>IN 12</u>
SIGNATURE 12. TIPLE NAME STREET ADDRESS	In familiar with, and accept the ob- Signature, typed or printed hame of registered OFFICERS A	ages and tille it applicable. AND DIRECTORS	(NOTE: Registered / 13. E 1.1 TITLE 1.2 NAM	iges. Agent signature requi	ired when reinstating)	DATE RS AND DIRECTO	RS <u>IN 12</u>
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intormation indicated on this annual report or suppremental annual report is true and accurate and that my signature shall have the same legal effect as if hiade under of a man 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.

GNATURE:

SIGNATURE: