FILED
May 27 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000036976 (4)

1. Corporation Name
YARY RESTAURANTS, INC.

[redacted]

Principal Place of Business
5400 NW 197 LANE
MIAMI FL 33055
US

Mailing Address
~~12555 BISCAYNE BLD STE 924~~
~~NORTH MIAMI FL 33181~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/25/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

Mailing Address
26 19541 NW 57 Ave
Suite, Apt. # etc.
27 Opa-locka
City & State
28 FL
Zip 29 33055 Country 30 DADE

4. FEI Number
65-0677791
Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation does or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
AMAYA, ALENDA
5400 NW 197 LANE
MIAMI FL 33055

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is not acceptable) [redacted]
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1006, 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: DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AMAYA, ALEIDA	
STREET ADDRESS	4807 NW 183 ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VD	☐ DELETE
NAME	AMAYA, EMILIO JR	
STREET ADDRESS	4807 NW 183 ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	STD	☐ DELETE
NAME	AMAYA, YARILE	
STREET ADDRESS	4807 NW 183 ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

31 TITLE	SAME	☑ Change ☐ Add
32 NAME		
33 STREET ADDRESS	19541 NW 57 Ave	
34 CITY-ST-ZIP	Opa-locka FL 33055	
41 TITLE	SAME	☑ Change ☐ Add
42 NAME		
43 STREET ADDRESS	19541 NW 57 Ave	
44 CITY-ST-ZIP	Opa locka FL 33055	
51 TITLE	SAME	☑ Change ☐ Add
52 NAME		
53 STREET ADDRESS	19541 NW 57 Ave	
54 CITY-ST-ZIP	Opa locka FL 33055	
61 TITLE		☐ Change ☐ Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
71 TITLE		☐ Change ☐ Add
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
81 TITLE		☐ Change ☐ Add
82 NAME		
83 STREET ADDRESS		
84 CITY-ST-ZIP		

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98/05/27

CR2E034 (10/97)

14. I hereby certify that the information supplied with this report meets the requirements for filing under the provisions of Section 607.0213, 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 a 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 attached sheet if added.

SIGNATURE: Yarilet Amaya 4/29/98 621-9098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0252740