SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

CITY-ST-ZIP

SIGNATURE:

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Aug 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000087346 (8) Y.T.E. CORP. Principal Place of Business Mailing Address 8567 CORAL WAY #258 8567 CORAL WAY #258 MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1996 2a. Mailing Address 2. Principal Place of Business Applied For 65-0706772 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Zip Country Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MENENDEZ, GABRIEL 11405 NW 7 STREET APT 103 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33172 83 84 85 Zip Code 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 obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of rered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ERS AND DIRECTORS 12. 13. 1 1 TITLE Change Addition TITLE DELETE CR2E034 MENENDEZ, GABBIÉL NAME 1.2 NAME 11405 NW 7ST, #103 13 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE VILLAVERDE, CARMEN 2.2 NAME NAME 11405 NW 7TH STREET, #103 23 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 5.1 TITLE 5.2 NAME NAME -08/06/98--01064--02**8** 5.3 STREET ADDRESS STREET ADDRESS ***150.00 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change TITLE DELETE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address.

GOBRIEL MENEUDEZ

FILED

305-381-6337

FLA Defantment of State
Annual Refort
July 23, 1998

As fer our telephone Conversation Attached Please Find a check for & 150.00 with the Annual Report.

I am sending this Report Late because this is the first Notice that I Received.

Sincenty Eabriel AMENENdez Y. t. E. CORP