

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030296

1. Corporation Name
YALE PURCHASING, INC.



Principal Place of Business
10255 NW 116 WAY STE 10
MEDLEY FL 33178

Mailing Address
10255 NW 116 WAY STE 10
MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

59-3436717

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 10255 NW 116 Way

Suite, Apt. #, etc.

22 Suite 10

City & State

23 Medley FL

Zip

Country

24 33178

25

2a. Mailing Address

26 10255 NW 116 Way

Suite, Apt. #, etc.

27 Suite 10

City & State

28 Medley FL

Zip

Country

29 33178

30

9. Name and Address of Current Registered Agent

RIVERA, FERNANDO R
2350 KENSINGTON BLVD.
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name RIVERA, FERNANDO R.
82 Street Address (P.O. Box Number is Not Acceptable)
2350 Kensington Blvd
83 DAVIE
84 City FL 85 Zip Code 33325

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, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME RIVERA, FERNANDO
STREET ADDRESS 2350 KENSINGTON BLVD
CITY-STATE-ZIP DAVIE FL 33325

TITLE STD ☐ DELETE
NAME RIVERA, FERNANDO R
STREET ADDRESS 2350 KENSINGTON BLVD
CITY-STATE-ZIP DAVIE FL 33325

TITLE PD ☐ DELETE
NAME RIVERA, GINA M
STREET ADDRESS 2350 KENSINGTON BLVD
CITY-STATE-ZIP DAVIE FL 33325

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied in 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 or Block 14 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

805-985-2799

Daytime Phone #

CR2E034 (11/98)