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**

P97000049261 (5) DOCUMENT #

YBARRA ENTERPRISES, INC.

FILED Mar 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							ı tanışdar jen süril tağın gölin büriş dölin gölin diğin lalıfu şibil bişür liği süğl
273 S.W. 161 AVE. 273 S			273 S.W. 161 AVE.	.W. 161 AVE.			
PEMBROKE PINES FL 33027			PEMBROKE PINES FL 33027				
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 06/02/1997
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				65 075 8735 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22			27				Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23	28						Trust Fund Contribution Added to Fees
Zip	Coun	·	Zip	 -	ıntry		8. This corporation owes or has paid the current year Intangible
24	25	29		30			Personal Property Tax due June 30. 🗹 Yes 🔲 No
9, Name and Address of Current Registered Agent						Name	10. Name and Address of New Registered Agent
	BARRA, ROSA Y				81	Name	
	3 S.W. 161 AVE.	****			82	Street	Address (P.O. Box Number is Not Acceptable)
PE	EMBROKE PINES FL	33027					
					83		
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sec	tions 607 0502 and 60	07 1508 Florida Statul	es the a	hove	-named	
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							
	am tamiliar with, and ac	cept the obligations of	, Section 607.0505, FI	orida Stat	tutes		
SIGNATURE Signature, typed or printed nanki of registered agont and tills if applicable. (NOTE: Registered Agent signature required when reinstating)							required when reinstating) DATÉ
12.		OFFICERS AND DIREC		13.	o rigo.	ii ugitatore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			☐ DELETE	1.1 TI	TLE		Change Addition
NAME				1.2 N/	AME		ROSA Y. YBARRA 275 JW 161 AVENUE
STREET ADDRESS	ADDRESS			1.3 STREET ADDRESS		ADDRESS	273 JW 161 AVENUE
CITY-ST-ZIP				1Y - S1		PEHEDOKE PINES, FL 53027	
TITLE	··· 	· · · · · · · · · · · · · · · · · · ·	☐ DELET€	2.1 TI			☐ Change ☐ Addition
NAME	i i		2.2 N	2.2 NAME			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			2.		2. 4 CITY - ST - ZIP		
TITLE				3.1 TITLE		☐ Change ☐ Addition	
NAME				3.2 NA		i	
Street Address						ADDRESS	
CITY-ST-ZIP					ITY-S'		
TITLE			4.1 TI			☐ Change ☐ Addition	
NAME				4. 2 N	AME	:	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	•					ADDRESS	1
CITY-ST-ZIP				4.4 CI	TY-ST	- ZIP	
TITLE			DELETE	5.1 T/I			Change Addition
NAME				5.2 NA			
STREET ADDRESS				5.3 ST	REET A	ADDRESS	
CITY-ST-ZIP				5.4 Ci			
TITLE	-		DELETE	6.1 T/I		4.01	Change Addition
NAME				6.2 NA			g - Greet treatment
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				6.4 CI		i	·
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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.