

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

0125169

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Hargis Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # P97000057766

1. Corporation Name
YILIAN TRAVEL CORP.

Principal Place of Business 483 SE 3RD ST HIALEAH FL 33010	Mailing Address 483 SE 3RD ST HIALEAH FL 33010
--------------------------------------------------------------------------	--------------------------------------------------------------

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**DOVAL, ELBIA
483 SE 3RD ST
HIALEAH FL 33010**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 no state agent)

(DATE)

12. OFFICERS AND DIRECTORS		13.
TITLE	P	11 TITLE
NAME	DOVAL, ELVIA	12 NAME
STREET ADDRESS	483 SE 3RD ST	13 STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL 33010	14 CITY-ST-ZIP
TITLE	VP	21 TITLE
NAME	MACHADO, ANGEL L.	22 NAME
STREET ADDRESS	483 SE 3RD ST	23 STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL 33010	24 CITY-ST-ZIP
TITLE		31 TITLE
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE		41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	06/30/1997	Applied For
4. FEI Number	65-0764299	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent



[Handwritten Signature]

FILED

99 MAR -8 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-99 (305) 885-7648
DATE DAY-MONTH-YEAR TELEPHONE NUMBER

CR2E03A (11/98)