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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 15 1998 8:00am

Secretary of State

Socrelary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000065306 (7)

YES GROUP ENTERPRISES, INC.

Principal Place of Business Mailing Address 7144 SOUTHWEST 47TH STREET 7144 SOUTHWEST 47TH STREET MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AMERILAWYER CHARTERED OURDES MENENDEZ 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 CityMIAMI 64 the provisions of acctions 607,0502 and 607,1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 familiar with applications of protein 607,0505, Florida Statutes. 11. Pursuant to OURDEX MENENDEZ SIGNATURE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELF TE TITLE Change 1.1 TIBLE Addition NAME MENENDEZ, LOURDES 1.2 NAME 7144 SOUTHWEST 47TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIF 1.4 CITY - ST - ZIP TITLE DELETE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY - \$1 - ZIP TITLE DELE 1E 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-S1-ZIP DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7/P ☐ DELFTE TITLE 5.1 TITLE ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS

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 proporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if danged, or organish accurate and dates. 05

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP