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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072491

1. Corporation Name
YCAVEL CORP.
C/O A. P. DEMOS P.A. STE, 1700
1101 BRICKELL AVE. MIAMI FL 33131

Principal Place of Business / Mailing Address
1101 BRICKELL AVE, STE 1700
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-21-97

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 65-0792765 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
ANGELO P. DEMOS
1101 BRICKELL AVE
STE 1700
MIAMI FL 33131

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of individual agent or title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D/P/AS	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MIGUEL M. YCAZA HIDALGO	12 NAME	
STREET ADDRESS	600 NE 36 ST unit 1610	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	14 CITY-ST-ZIP	
TITLE VP/D/S	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	DIANA V VELASQUEZ-YCAZA	22 NAME	
STREET ADDRESS	600 NE 36 ST unit 1610	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	24 CITY-ST-ZIP	
TITLE D/V/P	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MIGUEL MARTIN YCAZA VELASQUEZ	32 NAME	
STREET ADDRESS	600 NE 36 ST unit 1610	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	800002505928
STREET ADDRESS		53 STREET ADDRESS	-04/30/98--01004--032
CITY-ST-ZIP		54 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	PE 4.28
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (10/97)

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 added to the report with my address.

SIGNATURE: _____ 3.26.98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #