

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

PROFESSIONAL  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**  
Jun 30 1998 8:00am  
**Secretary of State**

DOCUMENT #

1. Corporation Name:

**YOLYS PLAZA CORPORATION  
MI RESTAURANTE**

Principal Place of Business:

**105 S 1ST ST**

Mailing Address:

**IMMOKLEE, FL 33934**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:

2. Principal Place of Business: <b>21</b> Suite, Apt. #, etc.	26. Mailing Address: <b>26</b> Suite, Apt. #, etc.	4. EIN Number: <b>65-0786712</b> Applied For Not Applicable
<b>22</b> City & State:	<b>27</b> City & State:	5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>23</b> Zip:	<b>28</b> Country:	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>24</b> 25	<b>29</b> 26. Mailing Address of New Registered Agent: <b>105 S 1ST ST</b> <b>IMMOKLEE, FL 33934</b>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		10. Name and Address of New Registered Agent: <b>81</b> Name: <b>82</b> Street Address (P.O. Box Number is Not Acceptable): <b>83</b> <b>84</b> City: <b>FL</b> <b>85</b> 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 Type) The proposed name of registered agent and title if applicable

(DDT) Registered Zip code (notches required when mailing)

DATE

<b>D/D</b>	<b>OFFICERS AND DIRECTORS</b>	<b>13.</b>	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>
NAME	ALFREDO MIRALLETS <input type="checkbox"/> DELETE	13.000	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	105 S 1ST ST	12.000	
CITY, ST, ZIP	IMMOKLEE, FL 33934	13.500	
ATT/T/D	MIRALLETS ALFREDO	14.000	
NAME	105 S 1ST ST	21.000	
STREET ADDRESS	IMMOKLEE, FL 33934	22.000	
CITY, ST, ZIP		23. STREET ADDRESS	
NAME		24. CITY, ST, ZIP	
STREET ADDRESS		31.000	
CITY, ST, ZIP		32.000	
NAME		33.500	
STREET ADDRESS		34.000	
CITY, ST, ZIP		41.000	
NAME		42.000	
STREET ADDRESS		43.000	
CITY, ST, ZIP		44.000	
NAME		51.000	
STREET ADDRESS		52.000	
CITY, ST, ZIP		53.500	
NAME		54.000	
STREET ADDRESS		61.000	
CITY, ST, ZIP		62.000	
NAME		63.500	
STREET ADDRESS		64.000	
CITY, ST, ZIP			

6-30-98

**6000025 P7036**  
-07/01/98-10015-047  
\*\*\*\$150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.67(3)(b), Florida Statutes. I further certify that the information indicated on the 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 affidavit with my address.

*Sandra B. Martham*

*6/30/98 (94)*