

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90213 039 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000095926

1. Corporation Name  
YERBA BUENA, INC.

Principal Place of Business  
% ANA MARIA RABEL, PRESIDENT  
621 SAN ESTEBAN  
CORAL GABLES FL 33134  
US

Mailing Address  
% ANA MARIA RABEL, PRESIDENT  
621 SAN ESTEBAN  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

65-0823291

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 221 Navarre

2a. Mailing Address

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Coral gables FL

City & State

28 City & State

Zip Country

24 33134 25 U.S.A.

Zip Country

29 30

9. Name and Address of Current Registered Agent

ARRIOLA VELEZ MARIA C  
255 UNIVERSITY DRIVE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Ana Maria Rabel  
82 Street Address (P.O. Box Number is Not Acceptable)  
621 SAN ESTEBAN AVENUE  
83 Coral Gables  
84 City FL 85 Zip Code 33134

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 607.0508 Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ANA M. RABEL - PRESIDENT 4/16/99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
RABEL, ANA M  
621 SAN ESTEBAN AVE  
CORAL GABLES FL 33146

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TS  
RABEL, ANA M  
621 SAN ESTEBAN AVE  
CORAL GABLES FL 33146

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
BUZZARRO, ALDO  
4010 N MERIDIAN AVE, 4  
MIAMI BCH FL 33140

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 on an attachment with an address with all other like empowered.

SIGNATURE:

ANA M RABEL 4/16/99 3054460003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)