

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90160 011 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000107046
 1. Corporation Name
YOLANDE CITRO, P.A.



Principal Place of Business 485 SOUTH SHORE DR MIAMI BEACH FL 33141	Mailing Address 485 SOUTH SHORE DR MIAMI BEACH FL 33141
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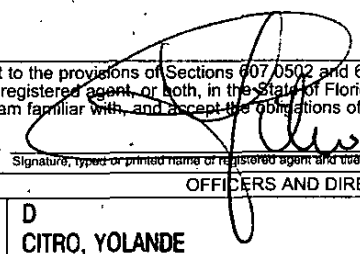
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7 CENTURY LN Suite, Apt. #, etc.		2a. Mailing Address 26 7 CENTURY LN Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/19/1997	
22 City & State 23 MIAMI BEACH, FLORIDA		27 City & State 28 MIAMI BEACH, FLORIDA		4. FEI Number 65-0800263 Applied For <input type="checkbox"/> Not Applicable	
24 Zip 33139		25 Country MIAMI-DADE		29 Zip 33139	
26 Country MIAMI-DADE		30 Country MIAMI-DADE		5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
27 Country MIAMI-DADE		30 Country MIAMI-DADE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Country MIAMI-DADE		30 Country MIAMI-DADE		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CITRO, YOLANDE
485 SOUTH SHORE DR
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
 81 Name **CITRO, YOLANDE**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **7 CENTURY LN**
 84 City **MIAMI BEACH** **FL** 85 Zip Code **33139**

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 **1-14-99**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CITRO, YOLANDE
STREET ADDRESS	485 SOUTH SHORE DR
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YOLANDE CITRO
1.3 STREET ADDRESS	7 CENTURY LN
1.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE REQUIRED DATE **1-14-99** Daytime Phone # **(305) 868-5365**

CORPORA 11/99