01221999-90086-003-\$150.00-\$150.00

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

Jan 22, 1999 8:00 am FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 01-22-1999 90086 003 \*\*\*150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000006867 THE ONLY YELLOW PAGES, INC. Principal Place of Business Mailing Address 2620 SW 27TH AVE. 2620 SW 27TH AVE. MIAMI FL 33133 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/21/1998 Applied For 2. Principal Place of Business 2a. Mailing Address 65-08-11 Not Applicable 26 21 \$8,75 Additional Sulte, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State  $\Box$ Trust Fund.Contribution 23 2B 8. This corporation owes the current year Intangible Country Country Zin Zlp □No Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **CLASEWERE, ABDUL-GANIYU A** Street Address (P.O. Box Number is Not Acceptable) 82 2820 SW 27TH AVE. MIAMI FL 33133 83 Zip Code 85 84 City 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 régistered agent, or both, in the State of Florida. Such change was suthorized 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, typed or printed name of registered agent and this if applicable (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change DELETE 11 TILE TITLE CR2E034 OLASEWERE, ABDUL-GANIYU A 12 NAME NAME 1.3 STREET ADDRESS 2620 SW 27TH AVE. STREET ADDRESS MIAMI FL 33133 1,4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 21 TITLE TITLE DANSO, EMMANUEL 22 NAME NAME 2.3 STREET ADDRESS 129 GAVILAN AVE. STREET ADDRESS 2.4 CITY-ST-ZIP CORAL GABLES FL 33143 CITY-ST-ZIP Addition Change □ DELETE 3 1 TITLE TITLE ABUA RAMOS, OLUKAYODE 3.2 NAME 3.3 STREET ADORESS 129 GAVILAN AVE. STREET ADDRESS 3.4. CITY-ST-ZIP CORAL GABLES FL 33143 CITY-ST-ZIP Change - Addition DELETE 4.1 TITLE TILE 1.2 NAME MALE 4.3 STREET ADDRESS STREET ACCRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5 I TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS \$4 CTTY-ST-ZIP 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 807. 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.

61 TILE

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

DELETE

REGUIRED

TITLE

NAME

STREET ADDRESS

CITY-ST-ZP

☐ Addition

**FILED**