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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000017364

BARRETO YAZ CORPORATION

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90049 007 ***150.00



Principal Place of Business Mailing Address							11 811 19 8 8 9 11 11 10	B1111 B151 1881
15723 S.W. 92ND ST. 15723 S.W. 92ND ST. MIAMI FL 33196 MIAMI FL 33196						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 02/23/1998		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 65-0814478		plied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip 3	ntry		This corporation owes the current year Interpretation Personal Property Tax.	tangible Yes	₽No P	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81	Name			
BARRETO, MAURICIO 15723 S.W. 92ND ST.			Ì	82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
MIAMI FL 33196				83	<u> </u>	, un p		
			Ì	84	City	FL	85 Zip (
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conflice or registered agent, or both, in the state of Florida. Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature type/dom/Note/Applicable. (NOTE: Registered Agent signature re-						os poard of directors. Thereby accept the appoint	intilient as re	registered gistered
12.		ID DIRECTORS	13.	9		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE			☐ Change	Addition
NAME	BARRETO, MAURICO		1.2 NA	ME				
STREET ADDRESS	15723 S.W. 92ND ST.		1.3 STI	REET A	ADDRESS			Ì
CITY-ST-ZIP	MIAMI FL 33196		1,4 CITY-ST-ZIP		ZIP	'		
TITLE	VD DELETE		2.1 TIT				Change	☐ Addition
NAME -			2.2 NA	ME	- 1			1
STREET ADDRESS	TOTAL CITY CALLS OF		2.3 STI	REET A	ADDRESS			Ì
CITY-ST-ZIP	MIAMI FL 33196		2, 4 CITY-ST-ZIP		-ZIP			
TITLE		☐ DELETE	3.1 TIT			,	Change	Addition
NAME	3.		3.2 NA	ME	_			
STREET ADDRESS			3.3 STI	REET /	ADDRESS .			
CITY+ST-ZIP			3.4. CT	TY-ST	-ZIP			
TITLE		☐ DELETE	4.1 TIT	LE .			☐ Change	☐ Addition
NAME !			4. 2 NA	AME				
STREET ADDRESS			4.3 ST	REET	ADDRESS			'
CITY-ST-ZIP			4.4 CIT	Y-ST-	-Z3P			
TITLE		☐ DELETE	5.1 TIT	LE		-	☐ Change	Addition
NAME			5.2 NA	ME				1
STREET ADDRESS			5.3 ST	REET/	ADDRESS			
CITY-ST-ZIP			5.4 CIT	ry-st-	-ZIP			
TITLE	1111111111111	☐ DELETE	6.1 TIT	LE			Change	☐ Addition
NAME	_		6.2 NA	MĘ		•		j
STREET ADDRESS	-		6.3 ST	REET	ADDRESS			

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: