## '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 # P98000030995

1. Corporation Name

YANES ACCOUNTING SERVICES, INC.

Principal	Place	of	<b>Business</b>
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Mailing Address

6560 S.W. 138 CT..UNIT 806 MIAMI FL 33183

6560 S.W. 138 CT..UNIT 806

**MIAMI FL 33183** 

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90017 007 \*\*\*158.75



					DO NOT WRITE IN THIS SPACE			
					3. Date Incorpora			
					04/02/1998			
	face of Business	2a. Mailing Address			4. FEI Number		<b>⊢</b>	olied For
21 SA	m E	26 SAME						Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of S	tatus Desired	<b>\$8.75</b> A	
22		City & State			- Fl. f 0-m			_
City & State	e 	— ·			6. Election Camp	- 11	1 <b>00.2</b> ¢ Added to	
<b>23</b> ] Zip	Zip Country Zip		Country					<u>,,, 000</u>
一 ·			—		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ N			No
24		Current Registered Agent	301		<u>·</u>	dress of New Registere	ed Agent	
	<u> </u>		81	Name	NIA			
YANI	es, aleyda y		00	<u> </u>	dress (P.O. Box Number	er in Not Assentable		
6560	S.W. 138 CT.,UNIT 806		82	Street Aut	iless (P.O. Box Numbe	s is Not Acceptable)		
MIAN	AI FL 33183		83	· · · · · · · · · · · · · · · · · · ·				
				_			os Zin C	`ada
	//	)	84	City		·F	L 85 Zip C	.oue
11 Pursuant	to the provisions of Sections 6	507.0502 and 607.1508, Florida Statute State of Florida. Such change was au a obligations of, Section 607.0505, Flor	s, the above	e-named cor	poration submits this s	tatement for the purpose	of changing its	registered
office or re	egistered agent, or ooth, in the	State of Florida. Such change was au	thorized by	the corporat	tion's board of directors	s. I hereby accept the app	ointment as reg	istered
	III tairiilar willi ailu aaceot ile	S#45 51	Ame 1	A 160	le mo Than	(9) 4/29	1/99	
SIGNATURE	Signature, typed or point of name of regis	( '''		_	red when reinstating)	DATE	<del></del>	
12.	OFFICE	ERS AND DIRECTORS	13.			ANGES TO OFFICERS		
TITLE		☐ OELETE	1.1 TITLE	'	TROSIDANT		Change	☐ Addition
NAME	/		1.2 NAME		Aleyda Y	. YANES	16	
STREET ADDRESS	· ·		1.3 STREET	ADDRESS	626 D P M	138 et #80	, <del>-</del>	
CITY-ST-ZIP	i		1.4 CITY-\$	T-ZIP	العمليا ووو	FL 33183		
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAMÉ			2.2 NAME					
STREET ADDRESS			2.3 STREET	FADDRESS				
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY- 8	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREE					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				Addition
TITLE .		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS				TADDRESS				
CITY ST 7ID	l /	(	6.4 CITY-S	T- 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 supplied ental 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 title 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, by on an attachment with an address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

(305)-388-9595