Applied For

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

May 04, 1999 8:00 am Secretary of State

05-04-1999 90146 005 ***150.00

	(ELIBIN MILLER		
	28 1811 2 812 88 7		
	(8 18 13 18 18 18 18 18 18	li se lli se lie ibile	

DOCUMENT # P98000092100

YAB I, INC.

Principal Place of Business

2. Principal Place of Business

200 SOUTH BISCAYNE BOULEVARD

SUITE 4815 MIAMI FL 33131 Mailing Address

2a. Mailing Address

200 SOUTH BISCAYNE BOULEVARD **SUITE 4815** MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/29/1998

FEI Number 65-0874438

21	•	26			,		•		I	n Applicable										
Suite, Apt.	suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Des			s Desired		\$8.75 / Fee Re											
22		27																		
City & Stat	te .	City & State			l l	lection Campaign	-		\$5.00											
23		28			T	rust Fund Contrib	oution		Added	to Fees										
Zip	Country	Zip	Country		8. This corporation owes the			rent year Int												
24	25		30			Personal Property			Yes	□No										
	9. Name and Address of Cu			10. N	Name and Addre	ss of New	Registered	Agent												
PIRAS, ALESSANDRA 2 00 SOUTH BISCAYNE BOULEVARD SUITE 4816					81 Name Piero Salussolia 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. Street Address															
													83	83 Suite 4815						
												MA I	MI FL 33131		84	84 City 85 Zip Code				
İ		ľ	1iami			FL	33	131												
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida Statute	s, the abov			submits this state	ment for the	purpose of	changing its	registered										
office or r	registered agent, or both, in the 8 am familiar with, and accept the ol	tage of Florida. Such change was au digations of, Section 607.0505, Flori	tnorized by da Statutes	tne corpo	oration's boa	ra ot airectors. I r	ereby acce	pt the appor	ntment as re	gistered										
								04/2	6/19	799										
SIGNATURE	Signature, typed or printed name of registers	Registered Age	egistered Agent signature required when reinstating) DATE																	
12.		S AND DIRECTORS	13.			DITIONS/CHAN	GES TO OF	FICERS AN	ID DIRECTO	RS IN 12										
TITLE	Ð	XX DELETE	1.1 TITLE		D/P/F/S	ST/S			☐ Change	XX Addition										
NAME	PIRAS: ALESSANDRA		1.2 NAME		FUENTE:	S, CARMEN														
STREET ADDRESS	AND ADDITION THE PARTY TO A PROPERTY OF THE PARTY OF THE					Biscayne	Blvd.	Suite	4815											
CITY-ST-ZIP	ARIARD PLANAGA					FL 33131														
TITLE	MI WATER TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	☐ DELETE	2.1 TITLE	1-25	LILCUMA	10 33131			Change	Addition										
NAME			2.2 NAME						_											
				FADDRESS						ł										
STREET ADDRESS	'		1			r				Į										
CITY-ST-ZIP		DELETE	2. 4 CITY-S	ST- ZIP					Change	Addition										
TITLE	ļ	U DELETE	3.1 TITLE						L'i Change											
NAME			3.2 NAME																	
STREET ADDRESS			3.3 STREE	TADORESS																
CITY-ST-ZIP	,		3.4. CITY-5	T-ZIP																
TITLE		☐ DELETE	4.1 TITLE	-					☐ Change	☐ Addition										
NAME	:		4.2 NAME																	
STREET ADDRESS			4.3 STREE	F ADDRESS																
CITY-ST-ZIP			4.4 CITY-S	T-ZiP																
TITLE		☐ DELETE	5.1 TTTLE						Change	Addition										
NAME			5.2 NAME	,					, .											
STREET ADDRESS			5.3 STREE	T ADDRESS																
C/TY-ST-ZIP		•	5.4 CITY-S	T-ZIP																
TITLE		☐ DELETE	6.1 TITLE						Change	Addition										
NAME			6.2 NAME	1																
OTDEET ADDEES		•		TADDRESS I		•				-										

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.

6.4 CITY-ST-ZIP

SIGNATURE:

04/26/99

(305) 373-7016

Daytime Phone #