

**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

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90069 033 \*\*\*158.75

**DOCUMENT # P99000043375**

1. Corporation Name

YKO CORPORATION

Principal Place of Business

Mailing Address

6555 NW 36THHSTE 3001

6555 NW 36 ST # 3001

MIAMI FL 33166

MIAMI-FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

800 71ST STREET  
Suite, Apt. #, etc.

26 800 71ST STREET  
Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH, FL

28 MIAMI BEACH, FL

Zip Country

29 33141 30 Country

33141 25

29 33141 30

3. Date Incorporated or Qualified

MAY 10, 1999

4. FEI Number

65-0921561

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

ANTHONY L. TRULLENQUE, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

7098 BONITA DRIVE

83

84 City

MIAMI BEACH

FL

85 Zip Code 33141

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1 TITLE  Change  Addition

NAME SANTIAGO PORRAS  
STREET ADDRESS 6555 NW 36 TH #3001  
CITY-ST-ZIP MIAMI FL 33166

P/D  
1.2 NAME LUISPORRAS  
1.3 STREET ADDRESS SANTIAGO PORRAS  
1.4 CITY-ST-ZIP 12254 SW 118 LN  
MIAMI FL 33186

TITLE  DELETE

2.1 TITLE  Change  Addition

NAME JOSE M FIDALGO  
STREET ADDRESS 6450 COLLINS AVE # 1406  
CITY-ST-ZIP MIAMI FL 33141

VP/T  
2.2 NAME FIDALGO, JOSEMANUEL  
2.3 STREET ADDRESS 6450 COLLINS AVENUE # 1406  
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE  DELETE

3.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME ANTHONY L. TRULLENQUE  
4.3 STREET ADDRESS 7098 BONITA DRIVE  
4.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

(305) 868-5365

Daytime Phone #

CR2E034 (11/98)