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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S59408

(2)

YANENI, INC.

**FILED** Feb 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				L tantard far Erita fatte dente anne infr nietr dente anne mint fritte bibli fatt
10521 N. KENDALL DRIVE 10521 N. KENDALL DRIVE			IVE	
104 MIAMI FL 33176 MIAMI FL 33176				DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualified
				06/13/1991
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21 26			65-0248823 Not Applicable	
22 27				5. Certificate of Status Desired S8.75 Additional Fee Required
<b>├</b>		City & State		6. Election Campaign Financing \$5.00 May Be
28			Country	Trust Fund Contribution Added to Fees
Zip 24	Country	Zip <b>29</b>	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9, Name and Address of Curre			10. Name and Address of New Registered Agent
Dil	IIZ, JULIO CESAR		81 Name	
	521 NORTH KENDALL DRIVE		82 Street Add	Irong (D.O. Day Number in Net Acceptable)
MIAMI FL 33176			62 Street Add	Iress (P.O. Box Number is Not Acceptable)
1442			83	
i			84 City	<b>■■ 85</b> Zip Code
				FL   S   Z   S   C   C   C   C   C   C   C   C   C
office or re	to the provisions of Sections 607.05 agistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was	authorized by the corpora	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag		TE: Registered Agent signature requi	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	, 1.1 TITLE	☐ Change ☐ Addition
NAME	RUIZ, JULIO CESAR		1.2 NAME	
STREET ADDRESS	10521 N. KENDALL DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	MIAMI FL 33176	DELETE	1.4 City - ST - ZIP 2.1 TITLE	Change Addition
NAME		J SEELE	2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	<del></del>		4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	L. Change . Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	

I hereby certify that the information supplied with this viling does not qualify 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 colored to receive of trustee empowered besecute 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 attaching with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

1.18.61 3050)18/1

Change

Addition