

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10: 27

DOCUMENT # **V23223** (3)

1. Corporation Name
YOLY'S ENTERPRISES, INC.

Principal Place of Business Mailing Address
14 N.E. FIRST AVE. SECOND FLOOR MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0323450	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
~~XXXXXXXXXX~~
14 N.E. FIRST AVE. SECOND FLOOR MIAMI FL 33132

10. Name and Address of New Registered Agent
81 Name **Yolanda Castellanos**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **Same**
84 City **FL** 85 Zip Code

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 607.0502, Florida Statutes.

SIGNATURE *Yolanda Castellanos* **4/27/95**
Signature of officer or director of registered agent and fee if applicable (NOTE: Registered agent signature required when necessary) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	XXXXXXXXXX
NAME	XXXXXXXXXX
STREET ADDRESS	XXXXXXXXXX TERR. COOKING FL
CITY - ST - ZIP	
TITLE	SD
NAME	CASTELLANOS, YOLANDA
STREET ADDRESS	XXXXXXXXXX TERR. COOKING FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Resigned
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	PS D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1501 South Ocean Drive #PH6
24 CITY - ST - ZIP	Hollywood Beach FL 33019
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Yolanda Castellanos* **4-27-95** (20) 1-39-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filing Fee #)