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 #

(1)

YOBELI CORPORATION

FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 10011 011040 (1110 11011 0010 1100 110	iidii midia dibit tada		
8355 SW 56 ST 8355 SW 56 ST								
MIAMI FL 3315	55		MIAMI FL 33155			DO NOT WRITE IN THE CRACE		
US		US	US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						l		
9 Principal Pl	ace of Business	2a. Mailing Add	000			04/28/1992 4. FEI Number	Applied For	
	ace of Business	├ ─┐ ~	ê			'- '- '- '-	Applied For	
21	# oto	26 Suite Apt #	Suite, Apt. #, etc.			65-0346432	Not Applicable	
Suite, Apt. 6	*, etc.	<u>├</u> ──¬				5 Continuate of Status Desired	3.75 Additional Fee Regulred	
City & State		City & State	City & State					
23		<u> </u>	28				5.00 May Be Added to Fees	
Zip Country		 _ 	7ip Country					
24	25	29	30	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 Cu		130			10. Name and Address of New Registered Agent		
ÞEI	TRAN, HECTOR			81	Name		·	
	2 S.W. 110TH AVE.							
	2 3.14. 1101H AVE. MI FL 33165		82 Street A		Street Ac	dress (P.O. Box Number is Not Acceptable)		
TAINA	MI FL 33 103		83					
				84	City	FL ⁸⁵	Zip Code	
44 Ourseanth	a the previous of Sections 607	0602 and 607 1609 Flori	do Ctatulas I	bo above	named o		vaina ite registered	
office or re	egistered agent, or both, in the S	State of Florida, Such char	ige was auth	orized by	the corpo	orporation submits this statement for the purpose of char ration's board of directors. I hereby accept the appointm	ent as registered	
agent. I ar	n familiar with, and accept the c	obligations of, Section 607	.0505, Florida	a Statutes	i.			
SIGNATURE .			alore 5			quired when reinstating) OATE		
Signature, sypod or printed name of registered agent and little if apple ablo 12. OFFICERS AND DIRECTORS			(NOTE: Registered Agent signature requ		isi signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD DELETE		ELETE	1.1 TITLE			Change Addition	
NAME	BELTRAN, HECTOR			1.2 NAME				
STREET ADDRESS			1.3 STREET	AUDBESS	•			
1	MIAMI FL			1.4 CITY-ST-ZIP				
CITY-ST-ZIP	D DELETE		FLETE	2.1 TITLE		По	Change Addition	
NAME	BELTRAN, EUZABETH			2.1 THEE 2.2 NAME		ш.		
STREET ADDRESS	8355 SW 56 ST				ADDRESS		:	
· I	MIAMI FL							
CITY-ST-ZIP	V DELETE		ELETE	2.4 CiTY-ST-ZIP Change Ad		Change Addition		
TITLE	<u> </u>		3.1 TILLE		<u>ا</u>			
NAME	BELTRAN, YOLANDA 8355 SW 56 ST				3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS	MIAMI FL		i					
CITY-ST-ZIP	TD TD	D	FLETE	3.4. CITY - S 4.1 TITLE	51 - Z#P	!	Change	
TITLE	RODRIGUEZ, RENE	L., 0	LLL (L		ļ		Name I vide (104)	
NAME				4. 2 NAME		•		
STREET ADDRESS	5.45.4 S. G. STA			4.3 STREET ADDRESS			į	
CITY-ST-ZIP	MIAMI FL			4.4 CITY-S	T-ZIP		Change Addition	
TITLE				5.1 TITLE		LI	Zitarige MUUIIIUII	
NAME .				5.2 NAME				
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP				5.4 CITY - S	T-ZIP		N	
TITLE			ELE FE	6.1 TITLE		LIC	Change	
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				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 roport 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.

SIGNATURE:

4-2-98

305-274-9637