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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90118 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44546

Corporation Name
YBRA INTERNATIONAL PROPERTIES, INC.

Principal Place of Business
1470 NE 123 ST
STE 815
N MIAMI FL 33161
US

Mailing Address
1470 NE 123 ST
STE 815
N MIAMI FL 33161
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Country
29 Zip
30 Country

3. Date Incorporated or Qualified
06/18/1992

4. FEI Number
65-0352070

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
COBO, BLANCA
13490 NW 7TH AE
N MIAMI FL 33168

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

I, the undersigned, being a resident qualified person, do hereby certify that the information furnished in this statement is true and accurate to the best of my knowledge and belief, and that I am a resident of the State of Florida, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

I 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 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 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

2/2/99

905 685-2444

CR2E034 (11/98)