

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V67470** (7)

1. Corporation Name

YOLY'S FACTORY OUTLET CORPORATION II



Principal Place of Business

**105 S FIRST ST
IMMOKALEE FL 33934**

Mailing Address

**105 S FIRST ST
IMMOKALEE FL 33934**

3. Date Incorporated or Qualified
09/30/1992

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

21 **SAME**

2a. Mailing Address

26 **SAME**

4. FEI Number
65-0360563

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIRALLES, ALEXIS
105 S FIRST ST
IMMOKALEE FL 33934**

81 Name

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

83

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
MIRALLES, ALFREDO
1703 W IMMOKALEE DR
IMMOKALEE FL**

TITLE ☐ DELETE

**V
MIRALLES, MIRADIS
1703 W IMMOKALEE DR
IMMOKALEE FL**

TITLE ☐ DELETE

**S
MIRALLES, ALEXIS
1703 W. IMMOKALEE DR.
IMMOKALEE FL**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

SECRETARY

1703 W. IMMOKALEE DR

**300001739913
-03/12/96--01070--018
***200.00**

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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/94

941-657-2195

CR2E034 (12/95)