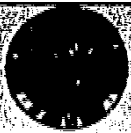


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF REVENUE
TAMMY M. BISHOP
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 23 PM 1:08

DOCUMENT # F93000002482 (8)

1. Corporation Name

YSI INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

7420 W 20TH AVE
STE 154
HIALEAH FL 33016
US

7420 W 20TH AVE
STE 154
HIALEAH FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1993

3a. Date of Last Report

06/28/1994

4. FEI Number

38-3063186

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3350 EL JARDIN DR.

26 3350 EL JARDIN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 109

27 109

City & State

City & State

23 HOLLYWOOD FL.

28 HOLLYWOOD FL.

ZIP

Country

ZIP

Country

24 33024

25 USA

29 33024

30 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTIGUA, NERQUIN DR.
7420 W 20TH AVE
STE 154
HIALEAH FL 33016

81 Name

DR. NERKIN ANTIGUA

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

3350 EL JARDIN DR. #109

83

84 City

HOLLYWOOD

FL

85 Zip Code
33024

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 name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
AQUINO, DR. NILVIO R
7100 W 20TH AVE STE 701
HIALEAH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
ANTIGUA, DR. NERQUIN
7420 W 20TH AVE STE 154
HIALEAH FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
ANTIQUA, DR. DIONNY R
7420 W 20TH AVE STE 154
HIALEAH FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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)(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Dionny R Antiqua
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 17-95

(305)450-9206

Date

Telephone No