

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

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 05/27/93 11:12:01  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000002482 (8)**

1. Corporation Name  
**YSI INTERNATIONAL CORPORATION**



Principal Place of Business Mailing Address  
**3350 EL JARDIN DR. 3350 EL JARDIN DR.**  
**109 109**  
**HOLLYWOOD FL 33024 HOLLYWOOD FL 33024**  
**US US**

3. Date Incorporated or Qualified **05/27/1993** 3a. Date of Last Report **05/23/1995**

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

4. FEI Number **38-3063186** Applied For Not Applicable  
 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ANRIGUA, NERKIN D**  
**3350 EL JARDIN DR. #109**  
**STE 154**  
**HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent  
 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AQUINO, DR. NILVIO R</b>	1.2 NAME	
STREET ADDRESS	<b>7100 W 20TH AVE STE 701</b>	1.3 STREET ADDRESS	<b>900001943919</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>	1.4 CITY - ST - ZIP	<b>-09/11/96--01002--006</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTIGUA, DR. NERQUIN</b>	2.2 NAME	<b>*****61.25 *****61.25</b>
STREET ADDRESS	<b>7420 W 20TH AVE STE 154</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTIQUA, DR. DIONNY R</b>	3.2 NAME	
STREET ADDRESS	<b>7420 W 20TH AVE STE 154</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X. Dionny Antiqua* 8/10/96 (974) 450-9206  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)