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Feb 18, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



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

02-18-1999 90064 043 \*\*\*\*\*61.25

DOCUMENT # F93000002482

1. Corporation Name  
YSI INTERNATIONAL CORPORATION

Principal Place of Business  
3350 EL JARDIN DR.  
#109  
HOLLYWOOD FL 33024  
US

Mailing Address  
3350 EL JARDIN DR.  
#109  
HOLLYWOOD FL 33024  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/27/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	38-3063186
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing <input type="checkbox"/>
24	29	Trust Fund Contribution <input type="checkbox"/>
	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANTIGUA, NERKIN DR. 3350 EL JARDIN DR. #109 HOLLYWOOD FL 33024		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUINO, NILVIO R DR	1.2 NAME	
STREET ADDRESS	7100 W 20TH AVE STE 701	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTIGUA, NERQUIN DR.	2.2 NAME	
STREET ADDRESS	7420 W 20TH AVE STE 154	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTIGUA, DIONNY R DR	3.2 NAME	
STREET ADDRESS	7420 W 20TH AVE STE 154	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	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 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ Date: 2/4/99 (305) 628-7176  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (1/98)