

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90120 003 ****61.25

DOCUMENT # F93000002482

1. Entity Name

YSI INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

3350 EL JARDIN DR.
 #109
 HOLLYWOOD FL 33024
 US

3350 EL JARDIN DR.
 #109
 HOLLYWOOD FL 33024
 US

2. Principal Place of Business

3. Mailing Address

3780 NW South River Dr.

3780 NW South River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Fl.

Miami, Fl.

Zip

Country

Zip

Country

33142

33142

4. FEI Number

38-3063186

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTIGUA, NERKIN DR.
 3350 EL JARDIN DR. #109
 HOLLYWOOD FL 33024

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Dr. Nerkin Antigua, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	AQUINO, NILVIO R DR	7100 W 20TH AVE STE 701	HIALEAH FL 33016	<input checked="" type="checkbox"/>
P	ANTIGUA, NERQUIN DR.	8500 SHERMAN CIR N SUITE 502	MIRAMAR FL 33025	<input type="checkbox"/>
T	ANTIGUA, DIONNY R DR	7420 W 20TH AVE STE 154	HIALEAH FL 33016	<input type="checkbox"/>
VP	ANTIGUA, JOSE M DR	8500 SHERMAN CIR N SUITE 502	MIRAMAR FL 33025	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Nerkin Antigua 7/9/01 (305) 979-6309

CR2E037 (5/01)