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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:02

DOCUMENT # M63754 (9)

1. Corporation Name
YOMIKZEC CORPORATION

Principal Place of Business	Mailing Address
3335 SW 20TH ST P.O. BOX 55-7441 MIAMI FL 33145 US	~~3335 DOUGLAS BLVD. #102~~ P.O. BOX 55-7441 MIAMI FL 33255-7441 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1987	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26): P.O. Box 55-7441
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27): Miami Florida
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29): 33255-7441 / Country (30): US
4. FEI Number: 65-0019124	☐ 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

JOSEFINA MARTINEZ
3335 SW 20TH ST
~~SUITE D102~~
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3335 S.W. 20th Street
83
84 City: Miami FL 85 Zip Code: 33145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JOSSIE LYNN MARTINEZ	1.2 NAME	
STREET ADDRESS	3335 S.W. 20TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	☐ Change ☐ Addition
NAME	JOSEFINA MARTINEZ	2.2 NAME	
STREET ADDRESS	3335 S.W. 20TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Josaia Lynn Martinez 01/25/95 (305) 385-6377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431650 FP