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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18194** (3)

1. Corporation Name

YOUNG LAND USA INC.

Principal Place of Business

**11434 N.W. 22ND AVENUE
P.O. BOX 680580
MIAMI FL 33168**

Mailing Address

**11434 N.W. 22ND AVENUE
P.O. BOX 680580
MIAMI FL 33168-0580**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
12/10/1986

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0030221

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

10. Name and Address of New Registered Agent

**WILSON, JOHN
11334 N W 22ND AVE
MIAMI FL 33167**

81 Name **JOHN WILSON**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **11434 NW 22nd AVE**
84 City **MIAMI** FL 85 Zip Code **33167**

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

John Wilson **JOHN Wilson** **4.29.97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	WILSON, JOHN	
STREET ADDRESS	11434 NW 22nd AVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	VSD	☐ DELETE
NAME	WILSON, MAMIE	
STREET ADDRESS	11336 N.W. 22ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	WILSON, WESLEY	
STREET ADDRESS	11400 N.W. 22ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President Director	☒ Change ☐ Addition
1.2 NAME	JOHN Wilson	
1.3 STREET ADDRESS	11434 NW 22nd AVE.	
1.4 CITY-ST-ZIP	MIAMI FL 33167	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

John Wilson **JOHN Wilson** **4/29/97** (25) 1021-193

CR2E037 (9/96)