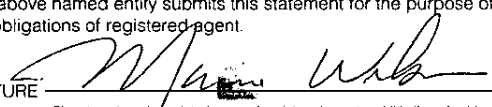
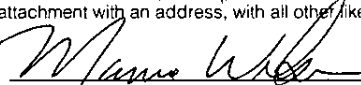


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90429 019 ****70.00

DOCUMENT # N18194 1. Entity Name YOUNG LAND USA INC.					
Principal Place of Business 2260 NW 117TH ST MIAMI FL 33167 US			Mailing Address 2260 NW 117TH ST P.O. BOX 680580 MIAMI FL 33168 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, JOHN 2260 NW 117TH ST MIAMI FL 33167			Name MAMIE Y. WILSON Street Address (P.O. Box Number is Not Acceptable) 2260 N.W. 117th Street City Miami FL Zip Code 33167		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (New president) MAMIE Y. WILSON 4/19/04 DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	President + Director	☒ Change ☐ Addition
NAME	WILSON, JOHN		NAME	MAMIE Y. WILSON	
STREET ADDRESS	2260 NW 117TH ST		STREET ADDRESS	2260 N.W. 117th Street	
CITY-ST-ZIP	MIAMI FL 33167		CITY-ST-ZIP	MIAMI Fla. 33167	
TITLE	VSD	☒ Delete	TITLE	Secretary Director	☒ Change ☐ Addition
NAME	WILSON, MAMIE		NAME	Yvonne Wilson	
STREET ADDRESS	11336 N.W. 22ND AVE.		STREET ADDRESS	11402 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI Fla 33167	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILSON, WESLEY		NAME		
STREET ADDRESS	11400 N.W. 22ND AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	VICE President + Director	☐ Change ☒ Addition
NAME			NAME	JOHN WILSON	
STREET ADDRESS			STREET ADDRESS	11434 NW 22nd Ave	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI Fla 33167	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/19/04 (305) 681-7652 Date Daytime Phone #		