

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001071 (7)
1. Corporation Name
PROJECT Y.E.S., INC.



Principal Place of Business 5275 SUNSET DRIVE MIAMI FL 33143-5919	Mailing Address 5275 SUNSET DRIVE MIAMI FL 33143-5919
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3. Date Incorporated or Qualified 02/26/1996	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0107810		
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**FUGATE, MARTHA
8750 S.W. 59TH STREET
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BARDEN, CONNIE	
STREET ADDRESS	8750 SW 59TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARDEN, CONNIE	
STREET ADDRESS	8750 S.W. 59TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, NANCY	
STREET ADDRESS	6770 S.W. 59TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLDAKOWSKI, ROBERT	
STREET ADDRESS	550 OCEAN DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	5275 Sunset Dr.	
4.4 CITY-ST-ZIP	Miami FL 33143	
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Argamasilla, Leon	
5.3 STREET ADDRESS	1011 Santiago St.	
5.4 CITY-ST-ZIP	Coral Gables FL 33134	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Robert Oldakowski* **Robert Oldakowski** 02/04/98 (305) 361-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030018

CR2E037 (10/97)