

**FILE NOW: FILING FEE AFTER MAY 1 IS \$ 25.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S74303 (6)**  
1. Corporation Name  
**YAMIT CORP.**



Principal Place of Business: **1815 NE 187 ST N MIAMI BEACH FL 33179**  
Mailing Address: **1815 NE 187 ST N MIAMI BEACH FL 33179**

|   |                     |                     |                     |  |  |          |
|---|---------------------|---------------------|---------------------|--|--|----------|
| 2. Principal Place of Business  |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified            | 3a. Date of Last Report                            |          |
| 21  | State, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | <b>08/15/1991</b>                            | <b>03/13/1995</b>                                  |          |
| 22  | City & State        | 27                  | City & State        | 4. FEI Number                                | Applied For  |          |
| 23  | Zip                 | 28                  | Country             | <b>65-0279290</b>                            | Not Applicable                                     |          |
| 24  | Country             | 29                  | Country             | 5. Certificate of Status Desired             | <b>\$8.75 Additional Fee Required</b>              |          |
|   |                     | 30                  |                     | <input type="checkbox"/>                     |  |          |
| 9. Name and Address of Current Registered Agent   |                     |                     |                     | 10. Name and Address of New Registered Agent |  |          |
| <b>SASONI, ANNA &amp; MICHAEL</b><br><b>1815 NE 187 ST</b><br><b>N MIAMI BEACH FL 33179</b> |                     |                     |                     | 81   | Name   |          |
|   |                     |                     |                     | 82   | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |                     |                     |                     | 83   |  |          |
|   |                     |                     |                     | 84   | City   |          |
|   |                     |                     |                     | <b>FL</b>                                    | 85   | Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE     | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D SASONI, ANNA</b>               | 12. NAME  |   |
| STREET ADDRESS             | <b>1815 NE 187 ST</b>               | 13. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>N MIAMI BEACH FL</b>             | 14. CITY-STATE-ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 2. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D SASONI, MICHAEL</b>            | 22. NAME  |   |
| STREET ADDRESS             | <b>1815 NE 187 ST</b>               | 23. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>N MIAMI BEACH FL</b>             | 24. CITY-STATE-ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 3. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D KLEINMAN, ESTHER</b>           | 32. NAME  | <b>400001742494</b>   |
| STREET ADDRESS             | <b>20850 NE SAN SIMEON WAY</b>      | 33. STREET ADDRESS                                    | <b>-03/14/96--01010--012</b>                                      |
| CITY-STATE-ZIP             | <b>#105 N. M. BEACH FL</b>          | 34. CITY-STATE-ZIP                                    | <b>***166.00</b>  |
| TITLE                      | <input type="checkbox"/> DELETE     | 4. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D KLEINMAN, CHAIM</b>            | 42. NAME  | <b>800001742498</b>   |
| STREET ADDRESS             | <b>20850 NE SAN SIMEON WAY</b>      | 43. STREET ADDRESS                                    | <b>-03/14/96--01010--013</b>                                      |
| CITY-STATE-ZIP             | <b>#105 N. M. BEACH FL</b>          | 44. CITY-STATE-ZIP                                    | <b>***34.00</b>   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D SHAVIT, MOTI M.</b>            | 52. NAME  |   |
| STREET ADDRESS             | <b>751 NE 199 ST #201</b>           | 53. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>N MIAMI BEACH FL</b>             | 54. CITY-STATE-ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D ZAILA, MIRYAM &amp; MORRIS</b> | 62. NAME  |   |
| STREET ADDRESS             | <b>2441 NE 201 ST</b>               | 63. STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>N MIAMI BEACH FL</b>             | 64. CITY-STATE-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)(k), Florida Statutes. I further certify that the information included 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: Esther Kleinman *DP* **3/8/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)