

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **S79376** (7)  
1. Corporation Name  
**YIDA CORP.**



Principal Place of Business Mailing Address  
**1145 W 29TH ST HIALEAH FL 33012** **1145 W 29TH ST HIALEAH FL 33012-5063**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/09/1991</b>	3a. Date of Last Report <b>04/12/1996</b>
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0281552</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MAYHEW, MAGALY C. 1145 W 29TH ST HIALEAH FL 33012</b>	10. Name and Address of New Registered Agent
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 607.1506, 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 may be typed. Signature of registered agent and date is required. DATE is registered Agent signature required when re-stating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME <b>MAYHEW, MAGALY C.</b>	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS <b>1145 W 29TH ST HIALEAH FL</b>		13.2 NAME	
12.3 CITY, STATE, ZIP <b>HIALEAH FL 33012</b>		13.3 STREET ADDRESS	
12.4 TITLE <b>VP</b>	<input type="checkbox"/> DELETE	13.4 CITY, STATE, ZIP	
12.5 NAME <b>ANZORANDIA, IRMA</b>		13.5 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS <b>1780 W. 60TH STREET HIALEAH FL</b>		13.6 NAME	
12.7 CITY, STATE, ZIP <b>HIALEAH FL 33012</b>		13.7 STREET ADDRESS <b>11429 N.W. 89<sup>th</sup> COURT HIALEAH GARDENS FLORIDA 33018</b>	
12.8 TITLE <b>ST</b>	<input type="checkbox"/> DELETE	13.8 CITY, STATE, ZIP <b>FLORIDA 33018</b>	
12.9 NAME <b>ANZORANDIA, FRANCISCO</b>		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS <b>1780 W. 60TH STREET HIALEAH FL</b>		13.10 NAME	
12.11 CITY, STATE, ZIP <b>HIALEAH FL 33012</b>		13.11 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	13.12 CITY, STATE, ZIP	
12.13 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY, STATE, ZIP		13.15 STREET ADDRESS	
12.16 TITLE	<input type="checkbox"/> DELETE	13.16 CITY, STATE, ZIP	
12.17 NAME		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY, STATE, ZIP		13.19 STREET ADDRESS	
12.20 TITLE	<input type="checkbox"/> DELETE	13.20 CITY, STATE, ZIP	
12.21 NAME		13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS		13.22 NAME	
12.23 CITY, STATE, ZIP		13.23 STREET ADDRESS	
12.24 TITLE	<input type="checkbox"/> DELETE	13.24 CITY, STATE, ZIP	
12.25 NAME		13.25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 STREET ADDRESS		13.26 NAME	
12.27 CITY, STATE, ZIP		13.27 STREET ADDRESS	
12.28 TITLE	<input type="checkbox"/> DELETE	13.28 CITY, STATE, ZIP	
12.29 NAME		13.29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.30 STREET ADDRESS		13.30 NAME	
12.31 CITY, STATE, ZIP		13.31 STREET ADDRESS	
12.32 TITLE	<input type="checkbox"/> DELETE	13.32 CITY, STATE, ZIP	
12.33 NAME		13.33 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.34 STREET ADDRESS		13.34 NAME	
12.35 CITY, STATE, ZIP		13.35 STREET ADDRESS	
12.36 TITLE	<input type="checkbox"/> DELETE	13.36 CITY, STATE, ZIP	
12.37 NAME		13.37 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.38 STREET ADDRESS		13.38 NAME	
12.39 CITY, STATE, ZIP		13.39 STREET ADDRESS	
12.40 TITLE	<input type="checkbox"/> DELETE	13.40 CITY, STATE, ZIP	
12.41 NAME		13.41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.42 STREET ADDRESS		13.42 NAME	
12.43 CITY, STATE, ZIP		13.43 STREET ADDRESS	
12.44 TITLE	<input type="checkbox"/> DELETE	13.44 CITY, STATE, ZIP	
12.45 NAME		13.45 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.46 STREET ADDRESS		13.46 NAME	
12.47 CITY, STATE, ZIP		13.47 STREET ADDRESS	
12.48 TITLE	<input type="checkbox"/> DELETE	13.48 CITY, STATE, ZIP	
12.49 NAME		13.49 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.50 STREET ADDRESS		13.50 NAME	
12.51 CITY, STATE, ZIP		13.51 STREET ADDRESS	
12.52 TITLE	<input type="checkbox"/> DELETE	13.52 CITY, STATE, ZIP	
12.53 NAME		13.53 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.54 STREET ADDRESS		13.54 NAME	
12.55 CITY, STATE, ZIP		13.55 STREET ADDRESS	
12.56 TITLE	<input type="checkbox"/> DELETE	13.56 CITY, STATE, ZIP	
12.57 NAME		13.57 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.58 STREET ADDRESS		13.58 NAME	
12.59 CITY, STATE, ZIP		13.59 STREET ADDRESS	
12.60 TITLE	<input type="checkbox"/> DELETE	13.60 CITY, STATE, ZIP	

14. I, the undersigned, 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 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 of angle c, d on an attachment with an address.

SIGNATURE: *Magaly C. Mayhew* **MAGALY C MAYHEW** 3/15/97 305-274-6590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lifetime Filing #  
 0117982

CR2E034 (9/96)