

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079323 (9)

1. Corporation Name

YOGUI INTERNATIONAL, INC.

Principal Place of Business

201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

465-0534862

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

RAPPORT, STEPHEN R
201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SAGNOTTI, LUCIANO
STREET ADDRESS 201 ALHAMBRA CIRCLE #502
CITY ST ZIP CORAL GABLES FL 33134

11 TITLE

☐ Change

☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY ST ZIP

14 CITY ST ZIP

TITLE

21 TITLE

☐ Change

☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY ST ZIP

24 CITY ST ZIP

TITLE

31 TITLE

☐ Change

☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY ST ZIP

34 CITY ST ZIP

TITLE

41 TITLE

☐ Change

☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY ST ZIP

44 CITY ST ZIP

TITLE

51 TITLE

☐ Change

☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY ST ZIP

54 CITY ST ZIP

TITLE

61 TITLE

☐ Change

☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY ST ZIP

64 CITY ST 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)(b), Florida Statutes. I further certify that the information included in 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, changed, or on an attachment with an address.

SIGNATURE:

X *Stephen R. Rapport*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-21-95
Date Signature