SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

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

3. Date Incorporated or Qualified: 10/28/1994
3a. Date of Last Report: 04/27/1995
4. FEI Number: 65-0534862 — ☐ 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

2. Principal Place of Business
21 10610 BEXLEY Blvd.
Suite, Apt #, etc.
22 REGATTA.
City & State
23 BOCA RATON FL.
Zip
24 33428
Country
25

2a. Mailing Address
26 10610 BEXLEY Blvd.
Suite, Apt #, etc.
27 REGATTA
City & State
28 BOCA RATON FL.
Zip
29 33428
Country
30

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
81 Name: LUCIANO SAGNOTTI
82 Street Address (P.O. Box Number is Not Acceptable)
83 10610 BEXLEY Blvd. REGATTA.
84 City: BOCA RATON FL 85 Zip Code: 33428

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE x [signature] LUCIANO SAGNOTTI 8/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	SAGNOTTI, LUCIANO	
STREET ADDRESS	201 ALHAMBRA CIRCLE #502	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P.D.	☑ Change ☐ Addition
1.2 NAME	LUCIANO. SAGNOTTI	
1.3 STREET ADDRESS	10610 BEXLEY Blvd. REGATTA.	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
2.1 TITLE	S,T,VP.	☐ Change ☑ Addition
2.2 NAME	MARIA ELENA, SAGNOTTI	
2.3 STREET ADDRESS	10610 BEXLEY Blvd. REGATTA.	
2.4 CITY-ST-ZIP	BOCA RATON, FL. 33428	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-08/21/96--01027--027
***375.00

CR2E034 (3/96)

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 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: x [signature] LUCIANO SAGNOTTI 8/15/96. (407) 477-6581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #