

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: 1145 W 29TH ST HIALEAH FL 33012
Mailing Address: 1145 W 29TH ST HIALEAH FL 33012-5063

3. Date Incorporated or Qualified: 09/09/1991
3a. Date of Last Report: 04/12/1996
4. FEI Number: 65-0281552
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. State, Apt. #, etc. 22. City & State 23. Zip Country 24. 25.
2b. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. 30.

9. Name and Address of Current Registered Agent
MAYHEW, MAGALY C.
1145 W 29TH ST
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 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: _____
I, _____, Registered Agent, accept and undertake, as applicable, the duties of a registered agent. (Signature required when re-stating)

12. OFFICERS AND DIRECTORS

12.1	NAME	DELETE
D	MAYHEW, MAGALY C.	<input type="checkbox"/>
12.2	STREET ADDRESS	
	1145 W 29TH ST	
12.3	CITY - ST - ZIP	
	HIALEAH FL	
12.4	TITLE	DELETE
VP		<input type="checkbox"/>
12.5	NAME	DELETE
	ANZORANDIA, IRMA	<input type="checkbox"/>
12.6	STREET ADDRESS	
	1780 W. 60TH STREET	
12.7	CITY - ST - ZIP	DELETE
	HIALEAH FL	<input type="checkbox"/>
12.8	TITLE	DELETE
	ST	<input type="checkbox"/>
12.9	NAME	DELETE
	ANZORANDIA, FRANCISCO	<input type="checkbox"/>
12.10	STREET ADDRESS	
	1780 W. 60TH STREET	
12.11	CITY - ST - ZIP	DELETE
	HIALEAH FL	<input type="checkbox"/>
12.12	TITLE	DELETE
		<input type="checkbox"/>
12.13	NAME	DELETE
		<input type="checkbox"/>
12.14	STREET ADDRESS	
12.15	CITY - ST - ZIP	DELETE
		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	Change	Addition
13.2	NAME		
13.3	STREET ADDRESS		
13.4	CITY - ST - ZIP		
2.1	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2	NAME		
2.3	STREET ADDRESS		
	11429 N.W. 89th COURT		
2.4	CITY - ST - ZIP		
	HIALEAH GARDENS FLORIDA 33018		
3.1	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2	NAME		
3.3	STREET ADDRESS		
	11429 N.W. 89th COURT		
3.4	CITY - ST - ZIP		
	HIALEAH GARDENS FLORIDA 33018		
4.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY - ST - ZIP		
5.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY - ST - ZIP		
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 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, or 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 #

CR2E034 (9/96)