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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name # P96000036407 (0)								
YALE F	PRODUCT	IONS, INC.						
	-							
Principal Place of Business				Mailing Address				i şilke bilik gibil əbril 1844 1887
200 S. BISCAYNE BLVD.			200 S	200 S. BISCAYNE BLVD.				
20TH FLOOR MIAMI FL 33131				20TH FLOOR Miami FL 33131 US			DO NOT WRITE IN TH	IIS SPACE
US							3. Date Incorporated or Qualified	
							04/22/1996	
2. Principal P	lac e o f Busin	10\$\$	F1	2s. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# etc		26	Suite, Apt. #, etc.			65-0659917	Not Applicable \$8.75 Additional
22	T, OIC.			27			5. Certificate of Status Desired	Fee Required
City & Stat	e			City & State			6. Election Campaign Financing	\$5.00 May Be
23				28			Trust Fund Contribution	Added to Fees
Zip	Country			Zip Country		•	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24	24 25 29 30 30 9. Name and Address of Current Registered Agent						Personal Property Tax due June 30. 10. Name and Address of New Register	
ROSSZ FUI CORPORATION 81 Name								
200 S. BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131					82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
					L	Directrica	Tess (F.S. Box Humber 18 Hot Acceptable)	
					83			
					84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida, Such change was authorized by the								
office or r	egi ste red ag	ent, or both, in the Sta th, and accept the obli	te of Florida. S	Such change was	authorized by	the corpora	tition's board of directors. I hereby accept the	appointment as registered
Ĭ	tts i dist inal wi	in, and accept the ob-	igations of, ac	0000,0000,1	ionua Sialutes	٠,		
SIGNATURE	Signature, typed	or practed name of registered a				nl signalure requ	ired when reinstaling) DAT	
12.	Oper	OFFICERS A	ND DIRECTO	PS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE NAME	DPST	OLICHA ALAINIW		[7] fichese				Change Chagolibi)
]	NAME BOUCHOUCHA, ALAIN W STREET ADDRESS 200 S. BISCAYNE BLVD., 20TI			FLOOR 1.2 NAME		ADDRESS		
CITY-ST-ZIP	191411 71 00404			1.4 City-St-ZiP				
TITLE	AS			DELETE	TE 2.1 TITLE			Change Addition
NAME	OHEEZEM, JAN CARSON				2.2 NAME			
STREET ADDRESS		BISCAYNE BLVD., 20	OTH FLOOR		2.3 STREE1			
CITY-ST-ZIP TITLE	MIAMI F	L 33131		DELETE	2 4 CITY - 9 3.1 TITLE	IT-ZIP		Change Addition
NAME	<u> </u>			3.2 NAME			- conge	
STREET ADDRESS					3.3 STREET	ADDRESS		
CITY-ST-ZIP					3.4. CITY - S	T-ZIP		
TITLE				☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME					4. 2 NAME			
STREET ADDRESS					4.3 STREET			
CITY-ST-ZIP TITLE			······································	DELETE	4.4 CITY-S 5.1 TITLE	ı-ur		☐ Change ☐ Addition
NAME					5.2 NAME			_ • • — ···
STREET ADDRESS					5.3 STREE1	ADDRESS		
CITY-ST-ZIP		·····			5.4 CITY-S	T-ZIP		
THTLE	:			DELETE	6.1 TITLE			Change Addition
NAME OTDEET ADORESE					6.2 NAME	ADDDTCC		
STREET ADDRESS					6.3 STREET	AUDRESS		

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 indicated on this annual report of 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 12 of changed or or an officer or director.

FILED

Jul 02 1998 8:00am

Secretary of State