

2000 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED
May 18, 2000 8:00 am
Secretary of State

04-24-2000 90109 015 ***150.00

DOCUMENT # S79376

1. Entity Name
YIDA CORP.

Principal Place of Business 1145 W 29TH ST HIALEAH FL 33012	Mailing Address 1145 W 29TH ST HIALEAH FL 33012-5063
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		Applied For	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MAYHEW, MAGALY C. 1145 W 29TH ST HIALEAH FL 33012				Name FRANCISCO ANZORANDIA			
				Street Address (P.O. Box Number is Not Acceptable) 1145 W 29 ST			
				City HIALEAH FL Zip Code 33012			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Francisco Anzorandia* **FRANCISCO ANZORANDIA - PRESIDENT** DATE **4/18/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYHEW, MAGALY C.		NAME		
STREET ADDRESS	1145 W 29TH ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANZORANDIA, IRMA		NAME		
STREET ADDRESS	11429 NW 89TH COURT		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	PRESIDENT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANZORANDIA, FRANCISCO		NAME		
STREET ADDRESS	11429 NW 89TH COURT		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francisco Anzorandia* **FRANCISCO ANZORANDIA** DATE **4-18-2000** DAYTIME PHONE # **305-274-6590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)