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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **402842** **(9)**

1. Corporation Name
YALE MOSK & CO.

Principal Place of Business	Mailing Address
9500 S. DADELAND BLVD. STE. 606 MIAMI FL 33156 US	10875 SW 69 COURT MIAMI FL 33156-3934 US

3. Date Incorporated or Qualified: 06/09/1972
3a. Date of Last Report: 01/22/1996

2. Principal Place of Business	2a. Mailing Address
21 9500 S. Dadeland Blvd.	26 9500 S. Dadeland Blvd.
Suite, Apt. #, etc. 22 Suite 606	Suite, Apt. #, etc. 27 Suite 606
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip: 24 33156 Country: 25 Dade	Zip: 29 33156 Country: 30 Dade

4. FEI Number: 59-1412927 ☐ 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	10. Name and Address of New Registered Agent
MOSK,YALE 10875 SW 69 COURT MIAMI FL 33156	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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOSK,YALE		1.2 NAME		
STREET ADDRESS	10875 SW 69 COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOSK, SHARON		2.2 NAME		
STREET ADDRESS	10875 SW 69 COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	AVD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOSK, MATTHEW		3.2 NAME		
STREET ADDRESS	10875 S.W. 69 CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	AVD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOSK, LAURI		4.2 NAME		
STREET ADDRESS	10875 S.W. 69 CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: Yale Mosk Yale Mosk, Pres. 3/26/97 (305)670-1154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #