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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

| 1. Corporati  | ON Name  YN SEMINARS, INC.   |   |                          |   |  |  | (  | ( <b>6</b> (6) 6 (6)) 5 (6                      | lii Bida Achi                       |  |
|---|--|---|--------------------------|---|--|--|--|---|-------------------------------------|--|
|   |  |   |                          |   |  |  |  |   |                                     |  |
| Principal Plac  | ce of Business   | Ma  | alling Address           |   |  |  |  |   | III <b>viu</b> ri <b>v</b> iuii     | 81811 07811 1841                       |
| 13086 ZAMBRANA ST.  CORAL GABLES FL 33156  13086 ZAMBRANA ST.  CORAL GABLES FL 33156  CORAL GABLES FL 3315  |  |   |                          |   | 66   |  |  |   |                                     |  |
| <b>a b</b> 1  |  |   | 1                        | <del></del>   |  |  | 3. Date Incorporated or Qualified 06/19/1984   |   | ate of Last<br><b>05/01/1</b>       |  |
| 2. Principal F  | Place of Business  |   | Mailing Address          |   |  |  | 4. FEI Number  |   | h                                   | Applied For                            |
| Suite, Apt  | . #. etc.  | 26  | Suite, Apt. #, etc.      | <del></del>   |  |  | 59-1686622   |   |                                     | Not Applicable                         |
| 2]  | ,  | 27  | Octo, 740. 1, 00.        |   |  |  | 5. Certificate of Status Desired   | $\Box$  |                                     | 5 Additional<br>Required               |
| City & Sta  | ate  |   | City & State             |   |  |  | 6. Election Campaign Financing   | *****   |                                     | 0 May Be                               |
| 3   |  | 28  |                          |   |  |  | Trust Fund Contribution  |   |                                     | d to Fees                              |
| Zip<br>1  | Country  | <u> </u>  | Zip                      | <b>├</b> ─┐   | untry  |  | 8. This corporation has liability for  |   |                                     | . 199.032,                             |
| <u> </u>  | 25<br>9, Name and Address of   | 29 29   | larad Agant              | 30  |  |  |  | Yes 🔯   |                                     |  |
|   | s, mane and Address Of   | Current riegisi   | resea Agent              |   | 81   | Name   | 10. Name and Address of New F  | legistered .                                    | Agent                               |  |
| LITTLE, WILLIAM A.  |  |   |                          |   |  |  |  |   |                                     |  |
|   | ZAMBRANA STREET  |   |                          |   | 82   | Street Add   | dress (P.O. Box Number is Not Acceptab   | ole)  |                                     |  |
|   | GABLES FL 33156  |   |                          |   | 83   |  |  |   |                                     |  |
| ••••  |  |   |                          |   |  |  |  | ·····   |                                     |  |
|   |  |   |                          |   |  |  |  |   | <b>85</b>   Zij                     | p Code                                 |
| 1. Pursuant   | to the provisions of Sections 6  | 17,0502 and 617   | 7.1508, Florida Stat     | utes, the abo   | 1 f  | City<br>amed corpo   | pration submits this statement for the pur   | FL<br>pose of cha                               | nging its r                         | eaistered office                       |
| iarrina 11  | to the provisions of Sections 6 ared agent, or both, in the State with, and accept the obligations of Signature, typed or profed name of registions.   | or, decilor or .c   |                          | .05.  | ove-na<br>corpor   | amed corporation's boa   | pration submits this statement for the pur<br>and of directors. I hereby accept the appu   | pose of cha<br>pintment as                      | anging its r<br>registered          | egistered office<br>agent. I am        |
| SIGNATURE   | Signature, typed or printed name of regist   | or, decilor or .c   | pplicable.               | .05.  | ove-na<br>corpor   | amed corporation's boa   | oration submits this statement for the pur<br>and of directors. I hereby accept the appr<br>ed when reinstating)  ADDITIONS/CHANGES TO OFF | pose of cha<br>pintment as<br>DATE              |                                     |  |
| SIGNATURE  2.   | Signature, typed or priviled name of registrone OFFICE   | lered agent and title If a  | pplicable.               | NOTE: Registered  | ove-na<br>corpor   | amed corporation's boa   | ed when reinstating)   | pose of cha<br>pintment as<br>DATE<br>ICERS AND |                                     |  |
| SIGNATURE  2. ITLE AME  | Signature, typed or profed name of registrone OFFICE PD LITTLE, WILLIAM A., DR   | lered agent and title If a  | pplicable.               | NOTE: Registered  | ove-na<br>corpor   | amed corporation's boa   | ed when reinstating)   | pose of cha<br>pintment as<br>DATE<br>ICERS AND | DIRECTO                             | IRS IN 12                              |
| SIGNATURE  2. ITLE  AME  TREET ADDRESS  | Signature, typed or pyriled name of registron OFFICE  PD  LITTLE, WILLIAM A., DR  13086 ZAMBRANA ST.   | lered agent and title If a  | pplicable.               | NOTE: Registerec<br>13.<br>1.1 TI<br>1.2 N<br>1.3 S   | OVE-na<br>corpor<br>d Agent s<br>ITLE<br>NAME  | amed corporation's book  | ed when reinstating)   | pose of cha<br>pintment as<br>DATE<br>ICERS AND | DIRECTO                             | IRS IN 12                              |
| SIGNATURE  12.  ITLE  IAME  TREET ADDRESS  ITY-ST-ZIP   | Styrature, typed or printed name of registions OFFICE PD LITTLE, WILLIAM A., DR 13086 ZAMBRANA ST. CORAL GABLES FL   | lered agent and title If a  | pplicable. TORS          | NOTE: Registered<br>13.<br>1.1 II<br>1.2 N<br>1.3 S<br>1.4 C  | ove-na<br>corpor<br>d Agent e<br>litle<br>NAME<br>STREET AL  | amed corporation's book  | ed when reinstating)   | pose of cha<br>pintment as<br>DATE<br>ICERS AND | DIRECTO<br>Change                   | OFRS IN 12                             |
| SIGNATURE  12.  IITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  IITLE   | Signature, typed or pyriled name of registion of FICE  PD  LITTLE, WILLIAM A., DR  13086 ZAMBRANA ST.  CORAL GABLES FL  D  | lered agont and little if ag<br>ERS AND DIREC   | pplicable.               | NOTE: Registered<br>13.<br>1.1 II<br>1.2 N<br>1.3 S<br>1.4 C<br>2.1 Ti  | OVE-na<br>corpor<br>d Agent of<br>ITLE<br>NAME<br>STREET AL  | amed corporation's book  | ed when reinstating)   | pose of cha<br>pintment as<br>DATE<br>ICERS AND | DIRECTO                             | IRS IN 12                              |
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| SIGNATURE  2.  III.E  AME  TREE! ADDRESS  IIY-S1-ZIP  IILE  AME  TREE! ADDRESS  | Signalure, typed or pyriled name of regists OFFICE PD LITTLE, WILLIAM A., DR 13086 ZAMBRANA ST. CORAL GABLES FL D FERNANDEZ-ROCHA, LI 3661 S. MIAMI AVE.   | lered agont and little if ag<br>ERS AND DIREC   | pplicable. TORS          | NOTE: Progistered 13. 1.1 II 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S   | OVE-na<br>corpor<br>d Agent s<br>d Agent s<br>d TLE<br>IAME<br>STREET AL<br>ITLE<br>IAME<br>STREET AL  | amed corporation's bost signature requirements.  ADDRESS   | ed when reinstating)   | pose of cha<br>pintment as<br>DATE<br>ICERS AND | DIRECTO<br>Change                   | OFRS IN 12                             |
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| CIGNATURE  2. TILE AME IREEI ADDRESS ITY-ST-ZIP TILE AME IREET ADDRESS TY-ST-ZIP TILE AME REET ADDRESS TY-ST-ZIP TILE AME REET ADDRESS TY-ST-ZIP TILE AME REET ADDRESS TY-ST-ZIP TILE AME   | Signature, typed or pyriled name of regists OFFICE PD LITTLE, WILLIAM A., DR 13086 ZAMBRANA ST. CORAL GABLES FL D FERNANDEZ-ROCHA, LI 3661 S. MIAMI AVE. MIAMI FL D LITTLE, JOAN L. 13086 ZAMBRANA ST. CORAL GABLES FL D MUNSICK, ROBERT   | lered agont and little if ag<br>ERS AND DIREC   | pplicable. TORS DELETE   | NOTE: Progisterec  13. 1.1 II 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N: 2.3 S' 2.4 C 3.1 TI 3.2 N: 3.3 S1 4. C 4.1 TI' 4.2 N 4.3 ST   | ITLE  AME  TOTAL  THE TAME  TOTAL  TO | amed corporation's bost signature requirements.  ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP   | ed when reinstating)   | DATE  DATE  ICERS AND                           | DIRECTO Change Change Change        | Addition  Addition  Addition           |
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