

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

FILED

Jan 28 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 # 837321 (9)

1. Corporation Name
YORK INTERNATIONAL EXCHANGE CORP.

Principal Place of Business
1000 WEST MCNAB RD.
POMPANO BCH. FL 33069

Mailing Address
1000 WEST MCNAB RD.
POMPANO BCH. FL 33069-4719



3. Date Incorporated or Qualified 10/22/1976
3a. Date of Last Report 07/12/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	13-1984605	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ARMA, FRANK
1000 WEST MCNAB RD.
POMPANO BCH. FL 33069

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *Frank Arma* DATE: 1/21/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ARMA, FRANK	1.2 NAME	ARMA, FRANK
STREET ADDRESS	19500 TURNBERRY WAY #14D	1.3 STREET ADDRESS	690 SE 4TH COURT
CITY - ST - ZIP	N. MIAMI BCH. FL	1.4 CITY - ST - ZIP	DANIA, FL 33004
TITLE	V	2.1 TITLE	V
NAME	ARMA, WILLIAM	2.2 NAME	ARMA, WILLIAM
STREET ADDRESS	19500 TURNBERRY WAY	2.3 STREET ADDRESS	690 SE 4TH COURT
CITY - ST - ZIP	N. MIAMI BEACH FL	2.4 CITY - ST - ZIP	DANIA, FL 33004
TITLE	S	3.1 TITLE	
NAME	ARMA, LOUIS	3.2 NAME	
STREET ADDRESS	5951 WELLESLEY PK DR 706	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 change.

SIGNATURE: *Frank Arma* (FRANK ARMA) DATE: 1/21/97 DAYTIME PHONE: 954-922-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)