FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 27 PH 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G14797 (6)

1. Corporation Name
YIELDING INVESTMENTS, INC.

Principal Place of Business	Mailing Address
% MACHEN, POWERS 301 W CAMINO GARDENS BLVD. #101 BOCA RATON FL 33432 US	% MACHEN, POWERS 301 W. CAMINO GARDENS BLVD SUITE 101 BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1982
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 500 Azalea Lane	Suite, Apt. #, etc. 27 500 Azalea Lane
City & State 23 Vero Beach, FL	City & State 28 Vero Beach, FL
Zip / Country 24 32963 / 25 US	Zip / Country 29 32963 / 30 US

4. FEI Number: 59-2348329 ☐ 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

DESROSIERS, SHEILA G.
301 W. CAMINO GARDENS BLVD
SUITE 101
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 500 Azalea Lane
83
84 City: Vero Beach, FL 85 FL Zip Code: 32963

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 reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	OBADIA, ISAAC	1.2 NAME	Obadia, Marcus	
STREET ADDRESS	2895 BISCAYNE BLVD	1.3 STREET ADDRESS	500 Azalea Lane	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	PD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	DE OBADIA, MIMI B	2.2 NAME		
STREET ADDRESS	2895 BISCAYNE BLVD	2.3 STREET ADDRESS	500 Azalea Lane	
CITY-ST-ZIP	MIAIM F	2.4 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	VST	3.1 TITLE	VPS	☒ Change ☐ Addition
NAME	DESROSIERS, SHEILA G	3.2 NAME		
STREET ADDRESS	301 W. CAMINO GARDENS BLVD #101	3.3 STREET ADDRESS	500 Azalea Lane	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: Sheila Desrosiers 3/21/95 407 231 9771
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
SHEILA G. DESROSIERS

0289530 CP