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 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G95774** **(7)**

1. Corporate Name
YAZ ENTERPRISES, INC.

Principal Place of Business
2605 N.W. 75TH AVENUE
MIAMI FL 33122

Mailing Address
2605 N.W. 75TH AVENUE
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1984**
3a. Date of Last Report: **06/10/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # etc. — 22
Suite Apt. # etc. — 27
City & State — 23
City & State — 28
City — 24 County — 25
City — 29 County — 30

4. FEI Number: **59-2466533** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Total 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
KRONFELD, DAVID
2605 N.W. 75TH AVENUE
MIAMI FL 33122

10. Name and Address of New Registered Agent
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 607.0505 and 607.1608 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.

NOTARY SEAL

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRONFELD, DAVID
STREET ADDRESS	2605 N.W. 75TH AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	STD
NAME	KRONFELD, JULIA
STREET ADDRESS	2605 N.W. 75TH AVENUE
CITY, ST, ZIP	MIMAI FL

13. ADDITIONAL OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is true and complete to the extent required by Chapter 607, Florida Statutes. I further certify that the information shown on this report or supplemental amendment, if any, is accurate and complete as of the date of my signature. I am the officer or director of the corporation or the person authorized by the corporation to file this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: David Kronfeld 5/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0120227 CP