

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M29914** (2)

1. Corporation Name  
**YAMANI CORPORATION**

Principal Place of Business Mailing Address  
**4360 NW 197TH ST. MIAMI FL 33055** **4360 NW 197TH ST. MIAMI FL 33055**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/03/1986** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business 2a. Mailing Address  
21 26

4. FEI Number **65-0029940** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

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

City & State City & State  
23 28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
24 25 29 30

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RODRIGUEZ, ILIANA**  
**4360 NW 197TH ST.**  
**MIAMI FL 33055**

10. Name and Address of New Registered Agent  
B1 Name **Iliana Rodriguez Crespo**  
B2 Street Address (P.O. Box Number is Not Acceptable) **4360 NW 197 St**  
B3 **Miami**  
B4 City **FL** B5 Zip Code **33055**

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 *Iliana Rodriguez Crespo* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>RODRIGUEZ, JOAQUIN</b>
STREET ADDRESS	<b>4360 NW 197TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>RODRIGUEZ, HORTENSIA</b>
STREET ADDRESS	<b>4360 NW 197TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b>
NAME	<b>RODRIGUEZ, ILIANA Crespo</b>
STREET ADDRESS	<b>4360 NW 197TH ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: *Iliana Rodriguez Crespo* **4-24-95** **305-620-2623**  
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone Number