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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M48047

(8)

YOUNG TOUCH, INC.

FILED

Jan 27 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address						- I FROM ON HEIT STADT HOTEL BONE BENNE FROM A	I MAY MANUEL MY	AN BIBIT BIBIT	8) (1
2309 NW 20 ST MIAMI FL 33142		2309 NW 20 STREET MIAMI FL 33142-7243							
						3. Date Incorporated or Qualified 03/10/1987		te of Last R 0/1996	leport
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			
21		26				59-2790217			ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	27			5, Certificate of Status Desired			Additional equired
City & State 23		City & State	28			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	 1	ountry	·	8. This corporation has liability for in			. 199.032,
24		25 29 30 Name and Address of Current Registered Agent				Florida Statutes Yes No 10, Name and Address of New Registered Agent			
		ent Registered Agent		B1	Name	10. Name and Address of New Reg	istered /	1gent	
BUSTILLO, JORGE					- Hallie				
22/3 STE.	3 NW 20TH STREET .118			82	Street Addr	ress (P.O. Box Number is Not Acceptab	e)		
MIAI	MI FL 33142			83					
				84	City		FL	85 Zip	Code
office or ri	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida Such change wa	as authoriz	ed by	the corporal	poration submits this statement for the pricion's board of directors. I hereby accept	rpose of	changing it	ts registered registered
SIGNATURE	Signature typed or printed name of registered	agent and title of explicable (NOTE: Registe	red Apr	ent signature regul	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			3.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
THILE	P	☐ DELETE	1.1	TITLE				Change	Addition
NAME	Bustillo, Jorge		1.2 NAM						
STREET ADORESS	11800 SW 80 ST., #118		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MIAMI FL 140		CITY-S	ST - ZIP					
TITLE		DELETE	21	TITLE				Change	Addition
NAME			2.2	NAME					f
STREET ADDRESS		2.3		STREET	ADDRESS				
CITY - ST - ZIP					ST-2IP				
TITLE		DELETE	3.1	3.1 TITLE				Change	Addition
NAME			3.2	NAME					f
STREET ADDRESS			3.3	STREET	ADDRESS				ļ
CITY - S1 - ZIP		······································	34	. CITY-	ST-ZIP				
TITLE		☐ DELETE	41	TITLE				Change	L.i Addition
NAME			4.7	2 NAME]
STREET ADDRESS			4 3	STREET	ADDRESS				
CITY - ST - ZiF			4.4	CITY-5	ST-ZIP			T-1	
TITLE		☐ DELETE	1	TITLE	-			Change	Addition
NAME				NAME					
STREET ADDRESS			5.3	STREE	ADDRESS				
CITY-ST-ZIP				CITY-	ST - ZIP			[] A:	4.000==
TITLE		☐ DELETE		TITLE				L Change	Addition
NAME	,		1	NAME					
STREET ADDRESS	. / .	Λ	6.3	STREE	I ADDRESS				
CITY - ST - ZIP	L			CITY-		d in Costion 110 07/2V/) Florida Statuto	A formation of	andit of	. The

I do hereby certify that the in information indicated on this I am an officer or director of ing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, i further certify that the Fannual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that we trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: