SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $100 (IF RECEIVED, DISREGARD AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002711 (9)

1. Corporation Name
IO'VOT YESHUA HAMASHIACH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5967 S.E. FEDERAL HIGHWAY STUART FL 34997	5967 S.E. FEDERAL HIGHWAY STUART FL 34997

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report:
4. FEI Number: 65-0479993 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes [X] No

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

9. Name and Address of Current Registered Agent

FRANKLIN, GREGORY
5967 S.E. FEDERAL HIGHWAY
STUART FL 34997

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT/VICE PRESIDENT	1.1 TITLE	DIRECTOR	☐ Change [X] Addition
NAME	SERGIO VALDES	1.2 NAME	FREDERICK PEASLEY	
STREET ADDRESS	2488 N.E. Ginger Terrace	1.3 STREET ADDRESS	8612 S.W. 17th Avenue	
CITY-ST-ZIP	Jensen Beach, FL 34957	1.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE	TREASURER/SECRETARY	2.1 TITLE	DIRECTOR	☐ Change [X] Addition
NAME	GREGORY FRANKLIN	2.2 NAME	HENRY SMITH	
STREET ADDRESS	2168 S.E Harrison Street	2.3 STREET ADDRESS	8627 SW Perry Lane	
CITY-ST-ZIP	Stuart, FL 34997	2.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE		3.1 TITLE	DIRECTOR	☐ Change [X] Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS	GREGORY FRANKLIN	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	2168 S.E. Harrison Street	
TITLE		4.1 TITLE	Stuart, FL 34997	☐ 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		

CR2E037 (3/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory Franklin Gregory Franklin/Secretary 6/6/95 (407) 286-2051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017407