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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

121

. Corporation	Name						
YU+N	NA HONDURAS, LTD., IN	IC.					
Principal Place	of Business	Mailing Address		THE REPORT OF THE PART OF THE	IEC TÜÜL ƏLƏLL BI		
200 S. BISCAYNE BLVD 200 S. BISCAYNE BL		NF RIVD					
SUITE 4800		#4800					
MIAMI FL 3	13131	MIAMI FL 3313	1	3. Date Incorporated or Qualified		of Last Rep	
US		US		10/03/1986	(04/21/19	95
Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number		L	polied For
]		26		NOT APPLICABLE			ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, et	Ç.	5. Certificate of Status Desired			Additional equired
		27		a Fi et Constitution			
City & State		City & State		 Election Campaign Financing Trust Fund Contribution 			May Be to Fees
<u> </u>	Country	28	Country	8. This corporation has liability for a	ntangible ta		
Zip T	25 Country	29	30	Florida Statutes			•
<u> </u>	9. Name and Address of Curi			10. Name and Address of New R	egistered /	Agent	
			81 Name				
PENIN	SULA REGISTERED AGENTS,	, INC.	82 Street Ad	dress (P.O. Box Number is Not Acceptab	ie)		
	. BISCAYNE BLVD						
STE 4			63				
MAMI FL 33131			hand			85 Zip	Code
	o the provisions of Sections 607.05 ed agent, or both, in the State of F th, and accept the obligations of, S			oration submits this statement for the pur and of directors. Thereby accept the app	FL rpose of cha ontment as	anging its re	egistered office agent. I am
or registeri familiar wit	ed agent, or both, in the State of rith, and accept the obligations of, S	comma Such Change was as section 607.0595, Honda St geomatic the topologic	Statutes, the above named corp theoried by the corporation's bo atutes. [page 25] April 4 April Symbolic (1)	Food wider of list the gill	rpose of cha ontment as	anging its registered	
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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 onthis annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under onthis that I am an officer or director of the corporation or the receiver or trusted 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 abdress.

SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

43/96 (305)871-4420 S(-4-9-96)