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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State -DIVISION OF CORPORATIONS

1996

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YARMI	n Name II INVESTI	MENT CORP.		023 (0	•		1104111111111			
Principal Place	e of Business		Mailing	Address			I IBBIFDE(I)O (A)A	a kabu at iak a gaik a		A BITTE HERD HIM IDA
% SANFORD B. MIOT 1 S.E. THIRD AVE 15TH FLOOR MIAMI FL 33131			% SA 1 S.E	% SANFORD B. MIOT 1 S.E. THIRD AVE 15TH FLOOR MIAMI FL 33131						
							3. Date Incorporated 12/09/1992	or Qualified	3a. Date of La. 05/18 ,	
2. Principal Place of Business			·	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt. #, etc.				Suite, Apt. #. etc.			65-037582	1		Not Applicable
22			27				5. Cortificate of Statu	s Desired [.75 Additional ee Required
City & State			——— ·	City & State			6. Election Campaign		\$ <u></u>	5.00 May Be
23 Zip		Country	28		T Counts	······································	Trust Fund Contrib	ution -	A	dded to Fees
24	ŀ	25	29 Zip		Gountry 30		8. This corporation ha	as liability for Inta] Yes []		ers 199.032,
		and Address of Cu		l Agent	1001		10. Name and Addre		 -	
1201 H/	AYS ST.	FORMATION SER	VICES INC.		81 82	Nam SA Street Addi	ress (P.O. Box Number is N S · É . 3 · AV	> DENI NOT Acceptable) EN LUE		LVAR
TALLAH	IASSEE FL	32301			83	15	5+n PLOOR			
					84	City ₁∕1∧	LAMI		FL 85	Zip Code 3313)
11. Pursuant to or registere familiar wit	to the provision red agent, or the thinand accept	ons of Sections 607.0 both in the State of F of the obligations of, S	0502 arıd 607.150 Florida, Such chan Section 60 7 0505,	8, Florida Statutes ige was auth oriz e Florida Statut es	s, the above-n	amed corpor oration's boa	ration submits this stateme rd of directors. I hereby acc	nt for the purposept the appoint	se of changing ment as registe	its registered office ered agent. I am
		, .								
SIGNATURE	Stonedure, Just	Little Company of the state of	ralle		DENIS	ť Ci	ALVAR		4-29	-96
SIGNATURE	Signature, Mad c	printer hame of registered	actificated the ideopticated AND DIRECTORS	io. <u>1</u> NOTI	DENS E: Registerco Agent 13.	ť Ci	ALVAR		7-29	-96
12. IITLE	Signature, Music	or printeer name of registered to OFFICERS	and title if applicate	io. <u>1</u> NOTI	DEWS E: Registered Agent	ť Ci	ALVAR o when reinstating!		7-29	-96 TORS IN 12
12. TITLE NAME	MIOT, S	OFFICERS SANFORD B	actification of the ideapple and AND DIRECTORS	(A) (NOT)	DENIS E: Registerco Agent 13.	ť Ci	ALVAR o when reinstating!		7 - 29 RS AND DIREC	-96 TORS IN 12
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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 path; 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 charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR

CR2E034 (12/95)