FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 8:53

DOCUMENT # **P93000004847 (8)**

1. Corporation Name
Y R E, INC.

Principal Place of Business	Mailing Address
9791 NW 91 CT MEDLEY FL 33178	9791 NW 91 CT MEDLEY FL 33178

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/21/1993**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business
21: 711 W 16 Street.
Suite, Apt. #, etc. 22:
City & State 23: Hialeah. Florida
Zip 24: 33010 Country 25: USA

2a. Mailing Address
26: 711 W 16 Street
Suite, Apt. #, etc. 27:
City & State 28: Hialeah. Florida
Zip 29: 33010 Country 30: USA.

4. FEI Number: **65-0392332** ☐ 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

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

9. Name and Address of Current Registered Agent

ELIMELECH, RONEN
9791 NW 91 CT
MEDLEY FL 33178

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 711 W 16 ST.
83
84 City: Hialeah **FL** 85 Zip Code: 33010

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 _____ 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	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ELIMELECH, RONEN	1.2 NAME	ELIMELECH RONEN	
STREET ADDRESS	9791 NW 91 CT	1.3 STREET ADDRESS	711 W 16 ST.	
CITY-ST-ZIP	MEDLEY FL 33178	1.4 CITY-ST-ZIP	Hialeah. FL. 33010	
TITLE		2.1 TITLE	SVP	☐ Change ☒ Addition
NAME		2.2 NAME	IZHAK YORAM	
STREET ADDRESS		2.3 STREET ADDRESS	711 W 16 ST.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HIALEAH. FL. 33010	
TITLE		3.1 TITLE	VP	☐ Change ☒ Addition
NAME		3.2 NAME	ELI TAKO	
STREET ADDRESS		3.3 STREET ADDRESS	711 W 16 St	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hialeah. FL. 33010	
TITLE		4.1 TITLE	VP.	☐ Change ☒ Addition
NAME		4.2 NAME	MORDEHAY TAKO	
STREET ADDRESS		4.3 STREET ADDRESS	711 W 16 St.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hialeah FL 33010	
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		

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

SIGNATURE: ⊗ _____ 1/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104070 CP