

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000004847 (8)**

1. Corporation Name

Y R E, INC.



Principal Place of Business

**711 W 16 STREET
HIALEAH FL 33010
US**

Mailing Address

**711 W 16 STREET
HIALEAH FL 33010
US**

2. Principal Place of Business

2a. Mailing Address

21 **2250 W 8 Ave.**

26 **2250 W 8 Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **HIALEAH FL.**

28 **HIALEAH FL.**

Zip

Country

Zip

Country

24 **33010**

25 **USA**

29 **33010**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/21/1993

3a. Date of Last Report

02/03/1995

4. FET Number

65-0382332

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

10. Name and Address of New Registered Agent

**ELIMELECH, RONEN
711 W 16 ST.
HIALEAH FL 33010**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

2250 W 8 Ave

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P **ELIMELECH, RONEN** ☐ DELETE
711 W 16 ST.
HIALEAH FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ST **YORAM, IZHAK** ☒ DELETE
711 W 16 ST.
HIALEAH FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VP **TAKO, ELI** ☐ DELETE
711 W 16 ST.
HIALEAH FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VP **TAKO, MORDEHAY** ☐ DELETE
711 W 16 ST.
HIALEAH FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2250 W 8 Ave
Hialeah FL. 33010

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/12/96 **(305)**
888-6887
Daytime Phone #

CR2E034 (12/95)