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CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000009978 (6)

YELIN INVESTMENTS, INC.

FILED May 06 1997 8:00am Secretary of State



Principal Plac C/O KTG&S RI 100 SE 2 ST 2 MIAMI FL 3313	EGISTERED AGENT CORPORATION 8TH FL	Mailing Address C/O KTG&S REGISTERED AGENT CORPORATION 100 SE 2 ST 28TH FL MIAMI FL 33131-2100				Date Incorporated or Qualified			
						 Date Incorporated or Qualified 02/09/1993 	3a. Da	ite of La:)1/199	st неport 6
	lace of Business	2a. Mailing Address				4. FEI Number 65-0386178			Applied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.					\$8.7	Not Applicable 5 Additional	
22		27				5. Certificate of Status Desired			Required
City & Stat	е	City & State				6. Election Campaign Financing		\$5.	00 May Be
23		28	,			Trust Fund Contribution	_Ц		led to Fees
Zip	Country	Zip	—·¬	ountry		8. This corporation has liability for Florida Statutes	intangible] Yes - 🔽	tax unda No	or s. 199.032,
24	25 9. Name and Address of Currer	29 11 Registered Agent	30	т.		10. Name and Address of New Re	gistered A	J NO Agent	
100	&S REGISTERED AGENT CORPO SE 2 ST 28TH FL MI FL 33131	JRATION		81 82 83		ress (P.O. Box Number is Not Acceptat	ele)	85 4	Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607,1508, Florida of Florida, Such change ations of, Section 607 05	Statutes, the was authorized 05, Florida St	above red by alutes	l c-named corp the corporal s.	oration submits this statement for the pion's board of directors. Thereby acception's	FL surpose of of the app	changir cintnieni	ng its registered Las registered
	Signature, typud or pointed name of registered ago				ent signature requir	red when reinstaling)	DATE		
12.	OFFICERS AN	D DIRECTORS DELE	13	D. TRUE	<u>F</u>	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT Chan	
NAME	YEUN, SAM MD			NAME				L. Glasi	ige
STREET ADDRESS	315 N. COCONUT LANE				ADDRESS				,
CITY-ST-ZIP	MIAMI BCH FL		14	CHY-S	3 - ZIP				
TITLE		☐ DELF	TE 21	Inte				Chan	ige 🔲 Addition
NAME			2.2	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELF		I CITY-: 1131E	St - Zift		`_	Chan	ige 🔲 Addition
NAME				NAME	1				ige 🗀 Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				. CITY-:	į				
TITLE	<u> </u>	DELE		1HLE				Chan	ge Addition
NAME			4 2	NAME					,
STREET ADDRESS			4.3	STREET	ADDRESS				·
CITY-ST-ZIP				CITY-S	1 - 7iP				
TITLE		☐ DELF		TELE				Chan	ige [_] Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		□ pro-r		CITY S	J-ZIP		·· 	1100	
TITLE		L DELE		TITLE				Chan	ige Additioi
NAME OZDEEK ARDOGOG				NAME	4000100				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			■ 64	CITY-S	1 · 70°				

I do hereby certify that the information supplied with this filing 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 eath; that I am an officer or director of the proportion of the receiver or trusted in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blo