FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000012864 (3)

1. Corporation Name

YAGA CORP.

Principal Place of Business

150 SE 2ND AVENUE
~~1313~~ 1002
MIAMI FL 33131
US

Mailing Address

150 SE 2ND AVE
~~1310~~ 1002
MIAMI FL 33131
US

3. Date Incorporated or Qualified: 03/01/1993	3a. Date of Last Report: 04/26/1995
4. FEI Number: 65-0391565	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 150 S.E 2nd AVE	26
Suite, Apt. #, etc. 22 1002	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28
Zip 24 33131 / Country 25 USA	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DIEGUES, MANUEL
~~555 N.E. 15 ST.~~ 1717 N BAYSHORE Dr# 3350
~~SUITE 22E~~
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name: DIEGUES,MANOEL
82 Street Address (P.O. Box Number is Not Acceptable): 1717 N.BAYSHORE DR.3350
83
84 City: MIAMI FL 85 Zip Code: 33132

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] DATE 5-1-96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	DIEGUES, MANUEL	
STREET ADDRESS	~~555 N.E. 15 ST., #22E~~ 1717 N. BAYSHORE DRIVE # 3350	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIEGUES,MANOEL	☒ Change ☐ Addition
1.2 NAME	1717 N.BAYSHORE DR.#3350	
1.3 STREET ADDRESS	MIAMI,FL 33132	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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] 5-1-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)