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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P93000027409 (0)

YVON ENTERPRISES, INC. Principal Place of Business Mailing Address 2454 TORTUGAS LANE 2454 TORTUGAS LANE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 3. Date Incorporated or Qualified 3a. Date of Last Report 04/12/1993 04/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0399624 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for intangib tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DROUIN, YVON Street Address (P.O. Box Number is Not Acceptable) 2454 TORTUGAS LANE FORT LAUDERDALE FL 33312 83 84 City 85 Zip Code 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. Thereby 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 reinstating) CR2E034 (12/95) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TILLE 1 1 TITLE Change Addition DROUIN, YVON NAME 1.2 NAME 2454 TORTUGAS LANE STREET ADDRESS 13 STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-S1-ZIP 1.4 C/TY - ST - Z/P TIFLE DELETE 2 1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 C(TY - ST - ZIP TillE DELETE 3.1 TITLE Addition 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIF 3.4 CHY-\$1-ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 1111 6 DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIE 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE ☐ Change ☐ Addition NAME 62 NAME STREET ADDRESS. 63 STREET ADDRESS

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), Fiorida 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 cath; 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.

6 4 CITY-ST-ZIP

SIGNATURE: * Jun Division Signature of Division Officer on Director

CHTY - ST - ZIP

4/9/96 954-583-3182