

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000041232 (8)**

1. Corporation Name
YOLY'S NATURAL FOOD CORP.



Principal Place of Business: **16281 S.W. 288 STREET HOMESTEAD FL 33030 US**
Mailing Address: **16281 S.W. 288 STREET HOMESTEAD FL 33030 US**

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **06/10/1993**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **65-0415994** 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

9. Name and Address of Current Registered Agent

**FORTE, FRANCISCO P
16281 S.W. 288 STREET
HOMESTEAD FL 33030**

81 Name: **FORTE, FRANCISCO P**
82 Street Address (P.O. Box Number is Not Acceptable): **16281 S.W. 288 STREET**
83 City: **HOMESTEAD**
84 City: **FL** 85 Zip Code: **33030**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Sections 607.0502, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORTE, FRANCISCO P	
STREET ADDRESS	16281 S.W. 288 STREET	
CITY, ST, ZIP	HOMESTEAD FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	FORTE, YOLANDA	
STREET ADDRESS	16281 S.W. 288 STREET	
CITY, ST, ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	

14. I do hereby certify that the information supplied in this filing is true and correct, furnished and does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information included on this form of 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 authorized person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change is to be made with an address.

SIGNATURE: *Francisco P. Forte* **Francisco P. Forte** 2/13/96 (305) 245-9285
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

CR2E034 (12/95)