

FILE NOW: FILING FEE AFTER MAY 1, IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

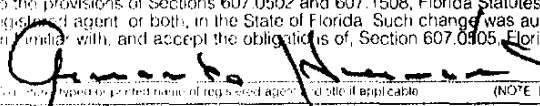
DOCUMENT # **P 930000 48342**
1. Corporation Name
YOUNG AMERICA CORP.

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|--|--|
| Principal Place of Business 1905 W. 35st. Hialeah, Fl. 33012 | Mailing Address 1905 W. 35st. Hialeah, Fl. 33012 |
|--|--|

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|--------------------------------|----|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/09/1993 | 3a. Date of Last Report 03/13/1996 |
| 21 State, Apt. #, Cr. | 26 | 27 Suite, Apt. #, etc. | | 4. FEI Number 65-0432732 | Applied For <input type="checkbox"/> Not Applicable |
| 22 City & State | 27 | 28 City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 28 | 29 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 Country | 29 | 30 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent Hernandez, Armando 1905 W. 35st. Hialeah, Fl. 33012 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| 85 FL | | 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **04/14/1997**

| | | | |
|--|---------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PD. | <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Hernandez, Armando | | 12 NAME | |
| STREET ADDRESS 1905 W. 35st. | | 13 STREET ADDRESS | |
| CITY- ST- ZIP Hialeah, Fl. 33012 | | 14 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY- ST- ZIP | | 24 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY- ST- ZIP | | 34 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY- ST- ZIP | | 44 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY- ST- ZIP | | 54 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY- ST- ZIP | | 64 CITY- ST- ZIP | |

14. 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 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, unchanged, or on an attachment with an address.

SIGNATURE:  DATE **04/14/1997** (305) 558-5022

CR2E034 (9/96)