

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064257 (7)

1. Corporation Name

YESTERLAND, INCORPORATED

Principal Place of Business

6222 ALTON RD
MIAMI BEACH FL 33140

Mailing Address

6222 ALTON RD
MIAMI BEACH FL 33140

FILED

95 JUL 25 AM 8:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1993

3a. Date of Last Report

10/27/1994

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election of Corporation Type
Trust Fund Corporation

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

STEINBERG, PAUL B
767 ARTHUR GODFREY RD
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

ADDRESS CHANGED TO: [] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

12. OFFICERS AND DIRECTORS

13.

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 6, 95 (305) 586-4434

CR2E034 (3/95)