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**APPROVED
AND
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95 JUN 20 AM 9:09

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000086783 (6)

1. Corporation Name

YEN MOR INTERNATIONAL INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

0000151893

06721795--01031--009

****225.00 ****225.00

Principal Place of Business

Mailing Address

7664

7664 N.W 5th ST APT 1C Bldg 6
Plantation, FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/20/1993

4. FEI Number

Applied For

65-0460440

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 7664 N.W 5th

26

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 APT 1C Bldg 6

27

City & State

28 City & State

23 Plantation FL

28

Zip

Country

Zip

Country

24 33324

25

Broward

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMNEY PATIENCE
7664 N.W 5th ST apt 1C Bldg 6
Plantation, FL 33324

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

(If 301) Registered Agent's signature (required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME ROMNEY GUY
STREET ADDRESS 7664 N.W 5th ST apt 1C Bldg 6
CITY ST ZIP Plantation, FL 33324

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

TITLE V/D
NAME ROMNEY PATIENCE
STREET ADDRESS 7664 N.W 5th ST apt 1C Bldg 6
CITY ST ZIP Plantation, FL 33324

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

TIS. 6/20/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and there is no right for the exemption stated in Section 110.07(3)(b), 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 individual or individual 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:

PATIENCE ROMNEY

6/4/95 (305) 989-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number