


FILED
Jun 18, 1999 8:00 am
Secretary of State

06-18-1999 90003 007 ***150.00

07-21-1999 90015 031 ***400.00

| | | | | | |
|---|--|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P94000008249 | | | | | |
| 1. Corporation Name YAM INTERNATIONAL COMMUNICATIONS INC. | | | | | |
| Principal Place of Business 8849 NW 82ND AVENUE MIAMI FL 33122 | | | Mailing Address 6003 NW 31ST AVENUE FT. LAUDERDALE FL 33309 | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 3. Date Incorporated or Qualified 01/24/1994 | | | | | |
| 2. Principal Place of Business 21 3000 NW 82ND AVE | | | | 4. FEI Number 65-0460187 | |
| Suite, Apt. #, etc. 22 | | | | Applied For Not Applicable | |
| City & State 23 MIAMI, FL | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 33122 | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 USA | | | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent VANON, YOSSEI 1398 SW 20TH STREET BOCA RATON FL 33486 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE P | | | <input type="checkbox"/> DELETE | | |
| NAME VANON, YOSSEI | | | 1.1 TITLE | | |
| STREET ADDRESS 1398 SW 20TH STREET | | | 1.2 NAME | | |
| CITY-ST-ZIP BOCA RATON FL 33486 | | | 1.3 STREET ADDRESS | | |
| TITLE VICE PRES. | | | 1.4 CITY-ST-ZIP | | |
| NAME SHANI SASSON | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS 6300 NE 24TH TERRACE #406 | | | 2.1 TITLE | | |
| CITY-ST-ZIP FT. LAUDERDALE, FL 33308-3909 | | | 2.2 NAME | | |
| TITLE SECRETARY | | | 2.3 STREET ADDRESS | | |
| NAME LEAH VANON | | | 2.4 CITY-ST-ZIP | | |
| STREET ADDRESS 1398 SW 20TH ST | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP BOCA RATON, FL 33486 | | | 3.1 TITLE | | |
| TITLE | | | 3.2 NAME | | |
| NAME | | | 3.3 STREET ADDRESS | | |
| STREET ADDRESS | | | 3.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | | | 4.1 TITLE | | |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 5.1 TITLE | | |
| STREET ADDRESS | | | 5.2 NAME | | |
| CITY-ST-ZIP | | | 5.3 STREET ADDRESS | | |
| TITLE | | | 5.4 CITY-ST-ZIP | | |
| NAME | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | | | 6.1 TITLE | | |
| CITY-ST-ZIP | | | 6.2 NAME | | |
| TITLE | | | 6.3 STREET ADDRESS | | |
| NAME | | | 6.4 CITY-ST-ZIP | | |
| STREET ADDRESS | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)