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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P94000019032 (9)

DOCUMENT #

1. Corporation Name

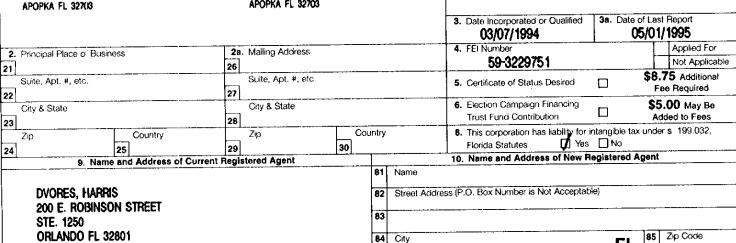
YADKEN, INC.

Mailing Address

3290 OVERLAND ROAD APOPKA FL 327(B

Principal Place of Business

3290 OVERLAND ROAD APOPKA FL 32703



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 red accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATUP'	.ure, typed or printed name of registered agent and title if applicable (f	NOTE: Registered Agent signature require	d when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	PINEDO, JAVIER	1.2 NAME	
STREET ADDRESS	616 APPLEWOOD AVENUE	1.3 STREET ADDRESS	
CITY-S1-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY - ST - ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY - ST - ZIP	
TITLE	DELETE	3. 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY - ST - ZIP	
TATLE	☐ DELETE	4. 1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5. 1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY- ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CHTY-ST-ZIP	A section 110 07/20/A Elevido Statutos Liberthan

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 resciver 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 if changed, or on an attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-20-96.

Daytinse Fhone #