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

Mailing Address

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400034347 (2)

BEST YET INC.

Principal Piace of Business

appears in Block 12 or Block 13.

SIGNATURE:

7450 SW 38 ST 7450 SW 38 ST MIAMI FL 33155-6612 MIAMI FL 33155 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1994 03/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0489199 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Z_{ip} 8. This corporation has liability for intangible tax under s 199.032, 30 Florida Statutes Yes No 29 24 25 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent CHARDIET, ANA B 81 RDIET 7450 SW 38TH ST 82 **MIAMI FL 33155** 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida Such change was authorized by agent 1 am familiar with, and accept the obligations of, Section 607.0505, portida deeps.

SIGNATURE ned corporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered Moent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TOTLE THE CHARDIET, ANA B NAME 1.2 NAME CR2E034 7450 SW 38TH ST 509.W 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** 14 CITY - ST - 2)P CITY-ST-ZIP Change Addition ~ *(D* . 21 THILE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY-ST-ZIP CITY ST-7IF DELETE Addition Change HUE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY ST-702 34. CITY - ST-ZIP DELETE 4.1 TITLE Change Addition T-TLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIF Addition TITLE ☐ DELETE 5.1 TITLE Change 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHTY-ST-Zir DELETE Change Addition 6.1 TITLE THEF 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - 7IF 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 correction or the receiver or twisting employered to execute this report as required by Chapter 607, Florida Statutes; and that my name