

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 24 PM 1:28

STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Murrain
Secretary of State
(DIVISION OF CORPORATIONS)

DOCUMENT # P94000036166 (4)

YPHC, INCORPORATED

Principal Place of Business
2455 EAST SUNRISE BLVD.
PENTHOUSE E
FORT LAUDERDALE FL 33304

Mailing Address
2455 EAST SUNRISE BLVD.
PENTHOUSE E
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1994

3a. Date of Last Report

4. FEI Number
65-0489410

Applied For
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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUF, ALAN F ESQ.
2455 E. SUNRISE BLVD., PH-E
FT. LAUDERDALE FL 33304

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 607.1505, 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 of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
DPT
HENIEN, YOUSSEY H
2. STREET ADDRESS
2455 E. SUNRISE BLVD., PENTHOUSE E
3. CITY, STATE, ZIP
FORT LAUDERDALE FL 33304

2. NAME
DS
HENIEN, PERLANTI
3. STREET ADDRESS
2455 E. SUNRISE BLVD., PENTHOUSE E
4. CITY, STATE, ZIP
FORT LAUDERDALE FL 33304

3. NAME
4. STREET ADDRESS
5. CITY, STATE, ZIP

4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP

5. NAME
6. STREET ADDRESS
7. CITY, STATE, ZIP

6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

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29. NAME

30. NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.02(1)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made under oath. This filing is the responsibility of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, if changed, on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Youssey H. Henien, President

30 MAR 95 305-561-2230