FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -2 PM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077536

1. Corporation Name
YARRUM, INC.

Principal Place of Business: 420 Northwest . 94th Way, Coral Springs, Florida 33071
Mailing Address: SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: October 21, 1994
3a. Date of Last Report: None Filed

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 SAME
Suite, Apt #, etc 22 SAME	Suite, Apt #, etc 27 SAME
City & State 23 SAME	City & State 28 SAME
Zip 24 33071 / Country 25 USA	Zip 29 33071 / Country 30 USA

4. FEI Number: APPLIED FOR — XX Applied For / Not Applicable
5. Certificate of Status Desired XX — $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

9. Name and Address of Current Registered Agent
MURRAY DEUTSCH
1635 N. E. 133rd Street
N. Miami, Florida 33181

10. Name and Address of New Registered Agent
81 Name: MURRAY DEUTSCH
82 Street Address (P.O. Box Number is Not Acceptable): 420 N. E. 133rd Street
83
84 City: Coral Springs FL 85 Zip Code: 33071

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 MURRAY DEUTSCH X [signature] 04/21/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	BERNARDO IRIARTE, Dir., Secretary & Treas. 411 N. W. 94th Way Coral Springs, Florida 33071
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MURRAY DEUTSCH, Pres., Director 429 Northwest 94th Way Coral Springs, Florida 33071
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 400001473574 -05/03/95--01116--006 ****208.75 ****208.75
3 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

14. I do 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 receiver 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.

SIGNATURE: [signature] MURRAY DEUTSCH, Pres. & Director 04/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #