

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

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95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001471568
-05/02/95--01136--017
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000080432 (5)
1. Corporation Name Y.E.M. INCORPORATED

Principal Place of Business 6511 NW 89 AVE TAMARAC FL 33321	Mailing Address 6511 NW 89 AVE TAMARAC FL 33321
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2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. City & State	2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. City & State
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3. Date Incorporated or Qualified 11/01/1994	3a. Date of Last Report
4. FEI Number 65-0550361	Applied For ☐ Not Applicable
5. Certificate of Status Desired ANNUAL	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has activity or intends to conduct business in Florida ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent SLEEM, YOLANDA 6511 NW 89 AVE TAMARAC, FL 33321

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Chapters 600, 601, and 602, Florida Statutes, the above named corporation authorizes 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 this appointment as registered agent. I am familiar with and accept the obligations of the Secretary of State's Office.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME D SLEEM, YOLANDA 6511 NW 89 AVE TAMARAC FL 33321		NAME ☐ Change ☐ Addition	
NAME D KHALEEL, MICHELE 14931 NE 8 AVE MIAMI FL 33161		NAME ☐ Change ☐ Addition	
NAME D KHALEEL, EDWARD B 14931 NE 8 AVE MIAMI FL 33161		NAME ☐ Change ☐ Addition	
NAME		NAME ☐ Change ☐ Addition	
NAME		NAME ☐ Change ☐ Addition	
NAME		NAME ☐ Change ☐ Addition	
NAME		NAME ☐ Change ☐ Addition	
NAME		NAME ☐ Change ☐ Addition	
NAME		NAME ☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this document is true and correct, and that the corporation is in good standing with the Secretary of State's Office. I am familiar with and accept the obligations of the Secretary of State's Office.

SIGNATURE: *Yolanda Sleem* **YOLANDA SLEEM** 4/24/95 305/948-4220