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

* PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000026120**1. Corporation Name

YOFI, INC.

Principal Place of Business . 5505 PEMBROKE ROAD HOLLYWOOD FL 33021

2. Principal Place of Business

Mailing Address

5505 PEMBROKE ROAD HOLLYWOOD FL 33021

2a. Mailing Address

26

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90014 004 ***158.75



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/29/1995 4. FEI Number

65-0572310

Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	X .	\$8.75 A	
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be
23	•	28			Trust Fund Contribution		Added to	
			Countr	y	8. This corporation owes the curre	nt year Inta	angible	
24 25 29 30			5		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered /	Agent	
			81	Name				
FEINMAN, JOEL				Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
5505 PEMBROKE ROAD								
HOLLYWOOD FL 33021				3				
			84	City			85 Zip C	ode
			[<u>FL</u>		
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligati	f Florida. Such change was auth	orized by	/ the corporatio	oration submits this statement for the poin's board of directors. I hereby accept	ourpose of t the appoir	changing its i ntment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	ent signature required	d when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	DP DELÉTE 1.1		1.1 TITLE				☐ Change	☐ Addition
NAME	FEINMAN, JOEL							{
STREET ADDRESS 20435 HIGHLAND LAKES BLVD.			1.3 STREE	ET ADDRESS				ĺ
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP				
TITLE	_		2.1 TITLE				Change	Addition
NAME	KEATING, JOHN D		2.2 NAME	ļ				
STREET ADDRESS	5505 PEMBROKE ROAD		2.3 STREE	ET ADDRESS	-	•		
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	Ì			Change	Addition
NAME			3.2 NAME	}				{
STREET ADDRESS			3.3 STREE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME		•	4. 2 NAME					
STREET ADDRESS			4.3 STRE	ET ADDRESS				Ì
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME	i				Ì
STREET ADDRESS			1	ET ADDRESS				ĺ
CITY-ST-ZIP			5.4 CITY-					
TITLE		☐ DELETE	6.1 TITLE	1			Change	Addition
NAME		•	6.2 NAME					ļ
STREET ADDRESS				ET ADDRESS				{
CITY-ST-ZIP			6.4 CITY-					ل
14. I hereby o	certify that the information supplied with	n this filing does not qualify for the	e exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I	further cer	tify that the ir	iformation

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, with all other like empowered.

JRE REQUIRED