
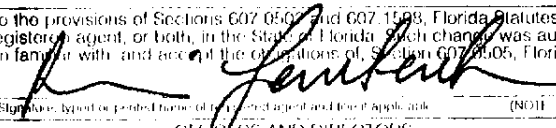


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000050117 1. Corporation Name YAMINS, INC.			
Principal Place of Business 5820 SUNSET DRIVE SOUTH MIAMI, FL 33143		Mailing Address SAME	
2. Principal Place of Business 21 5820 SUNSET DRIVE Suite, Apt. #, etc. 22 SOUTH MIAMI City & State 23 SOUTH MIAMI FL Zip 24 33143		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA	
9. Name and Address of Current Registered Agent AMRA YAMIN 5820 SUNSET DRIVE S MIAMI - FL 33143		10. Name and Address of New Registered Agent 81 Name RONI JANSENSON 82 Street Address (P.O. Box Number is Not Acceptable) 1118 SOUTH GREENWAY 83 84 City CORAL GABLES FL 85 Zip Code 33134	
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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  5/16/98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1 AMRA YAMIN PRESIDENT 5820 SUNSET DRIVE S MIAMI - FL 33143 2 VICE PRESIDENT RAHEEL YAMIN 5820 SUNSET DRIVE - S MIAMI FL 33143 3 4 5 6 7 8 9 10 11 12		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT 1.2 NAME RONI JANSENSON 1.3 STREET ADDRESS 1118 SOUTH GREENWAY 1.4 CITY-ST-ZIP CORAL GABLES - FL 33134 2.1 TITLE SECRETARY 2.2 NAME RONI JANSENSON 2.3 STREET ADDRESS 1118 SOUTH GREENWAY 2.4 CITY-ST-ZIP CORAL GABLES - FL 33134 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 700002545847 5.4 CITY-ST-ZIP -06/03/98--01042--039 ***558.75 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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 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.

CR2E034 (10/97)

5/16/98 (305) 667-4861