

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000062185 (0)**

1. Corporation Name

**YADEL HOLDING COMPANY, INC.**



Principal Place of Business

Mailing Address

**19 WEST FLAGLER STREET, SUITE 416  
BISCAYNE BUILDING  
MIAMI FL 33130**

**19 WEST FLAGLER STREET, SUITE 416  
BISCAYNE BUILDING  
MIAMI FL 33130**

3. Date Incorporated or Qualified

**08/11/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **5161 SW 61st Ave**

Suite, Apt. #, etc.

22

City & State

23 **DAVIE FL**

Zip

24 **33314**

Country

25 **USA**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FET Number

**65-0628900**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**METSCH, BENJAMIN R  
19 WEST FLAGLER STREET, SUITE 416  
BISCAYNE BUILDING  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

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 607.1508, 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

Signature typed or printed in block of registered agent and the corporation

(Block 13) Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>EICHLER, SUSAN</b>	
STREET ADDRESS	<b>19 WEST FLAGLER STREET, SUITE 416</b>	
CITY - ST - ZIP	<b>MIAMI FL 33130</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>STERN, RONNIE</b>	
STREET ADDRESS	<b>19 WEST FLAGLER STREET, SUITE 416</b>	
CITY - ST - ZIP	<b>MIAMI FL 33130</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>EICHLER, HENRY</b>	
STREET ADDRESS	<b>19 WEST FLAGLER STREET, SUITE 416</b>	
CITY - ST - ZIP	<b>MIAMI FL 33130</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Susan Eichler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/96**  
Date

**(954) 791-8891**  
Daytime Phone #

CR2E034 (12/95)