FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000067166 (5)**

1. Corporation Name

YAMO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
445 S. FEDERAL HWY. DELRAY BEACH FL 33483	445 S. FEDERAL HWY. DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 08/30/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 7450 CHAMPAGNE PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ~~BOCA RATON,~~
City & State 23	City & State 28 BOCA RATON, FL
Zip 24 Country 25	Zip 29 33433 Country 30 PALM BEACH

4. FEI Number: 65-060-3974 ☐ 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

IBRAHIM, NAZIH
445 S. FEDERAL HWY.
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name: IBRAHIM, NAZIH
82 Street Address (P.O. Box Number is Not Acceptable): 7450 CHAMPAGNE PLACE
83
84 City: BOCA RATON FL 85 Zip Code: 33433

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 name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DPST	☐ DELETE
NAME	IBRAHIM, NAZIH	
STREET ADDRESS	445 S. FEDERAL HWY.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	DV	☐ DELETE
NAME	IBRAHIM, MONA	
STREET ADDRESS	445 S. FEDERAL HWY.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	☐ DELETE
NAME	IBRAHIM, YUSSEF	
STREET ADDRESS	445 S. FEDERAL HWY.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	☐ Change ☐ Addition
1.2 NAME	IBRAHIM, NAZIH	
1.3 STREET ADDRESS	7450 CHAMPAGNE PLACE	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
2.1 TITLE	DV	☐ Change ☐ Addition
2.2 NAME	IBRAHIM, MONA	
2.3 STREET ADDRESS	7450 CHAMPAGNE PLACE	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
3.1 TITLE	D	☐ Change ☐ Addition
3.2 NAME	IBRAHIM, YUSSEF	
3.3 STREET ADDRESS	2915 SW 22 AVE APT 206	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/16/96 Daytime Phone #: 407/272/0274