

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

FILED  
Mar 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95 000082868  
1. Corporation Name  
Youth Collection, Inc.

Principal Place of Business Mailing Address  
869 W. 19th Suite A.  
Hialeah, FL 33010

2. Principal Place of Business 2a. Mailing Address  
21 869 W. 19th 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 A 27  
City & State City & State  
23 Hialeah 28  
Zip Country Zip Country  
24 33010 25 USA 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
10/26/95

4. FEI Number Applied For  
65-0687758 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  
COHEN YEHUDA  
10724 EDINBURGH ST.  
Cooper City, FL 33026

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 and, in so doing, accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME COLTEN, YEHUDA  
STREET ADDRESS 10724 EDINBURGH ST.  
CITY-STATE-ZIP COOPER CITY FL 33026

TITLE  DELETE  
NAME DVICE-PRESIDENT  
STREET ADDRESS TAL EL, RAFI  
CITY-STATE-ZIP 860 NW. 86 Ave # 614  
Plantation, FL 33324

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

800002107178  
-03/07/97--01005--035  
\*\*\*165.00

03/27/97

14. I do 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.

SIGNATURE: \_\_\_\_\_ COHEN, YEHUDA. 2/3/97 305-888-7880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)