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

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9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

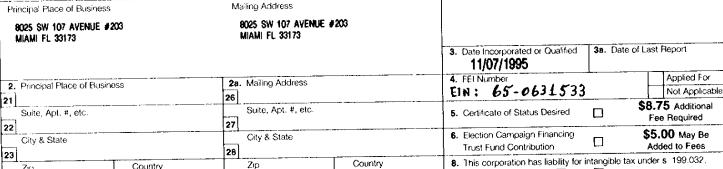
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000085482 (4)

Y. P. NEW PROJECT, INC.



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RIBEIRO PERES, MARCUS V 8025 SW 107 AVENUE #203 MIAMI FL 33173

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					-	r.	e reduied
			6.	Election Campaign Financing Trust Fund Contribution			.00 May Be ided to Fees
ountry		8.	This corporation has liability for Florida Statutes Yes	intangible t	tax unde	rs 199.032,	
-	Τ		10	Name and Address of New F	Registered	Agent	
	81	Name					
	82	Street Address (P.O. Box Number is Not Acceptable)					
	83						,,
	84	City				85	Zip Code

SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1. 1 TITLE THILE RIBEIRO PERES, MARCUS V 1.2 NAME NAME 8025 SW 107 AVENUE #203 1.3 STREET ADDRESS STREET ADDRESS 1.4 CHY-ST-ZIP MIAMI FL 33173 CITY - ST - ZIP Change ☐ Addition [] DELETE 2 1 TITLE THILE 2.2 NAME NANCI, MATEUS F NAME RUA PICO NEGRO 287 AGUA RASA SAO PAULO-SP 2 3 STREET ADDRESS STREET ADDRESS BRAZIL CEP: 03346-100 24 CITY-ST-ZIP CHLY - ST - ZIP Addition ☐ Change DELETE 3. 1 TITLE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST-ZIP CITY - ST - ZIP ☐ Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5 4 CITY - ST - ZIP

5. 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

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.

CITY: \$1-7!P

64 CITY: \$1-7!P

64 CITY: \$1-7!P

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 dinual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of place proporation 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 that the properties of the place of

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

THEF

NAME

TITLE

NAME

MARCUS VINICIUS RIBCIRO PERES

DELETE

DELETE

04/17/96

(305) 275-9546

Daytime Phone #

☐ Change

Change

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Addition