

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000016684 (8)

1. Corporation Name

YOUMA ENTERPRISES INC.

Principal Place of Business

6325 NW 201ST LANE
MIAMI FL 33015

Mailing Address

6325 NW 201ST LANE
MIAMI FL 33015-2161

2. Principal Place of Business

21 6325 NW 201 Lane

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

Country

24 33015

25

2a. Mailing Address

26 18524 NW 36 AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL 33

Zip

Country

29 33015

30

3. Date Incorporated or Qualified

02/21/1996

3a. Date of Last Report

4. FEI Number

65-0651549

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

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

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DUPRE, LYONEL
6325 NW 201ST LANE
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Section 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 of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-11-97

12. OFFICERS AND DIRECTORS

TITLE CORPORATE OFFICER ☐ DELETE
NAME LYONEL DUPRE
STREET ADDRESS 6325 NW 201 LANE
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE
NAME N/A
STREET ADDRESS N/A
CITY-ST-ZIP N/A

TITLE ☐ DELETE
NAME N/A
STREET ADDRESS N/A
CITY-ST-ZIP N/A

TITLE ☐ DELETE
NAME N/A
STREET ADDRESS N/A
CITY-ST-ZIP N/A

TITLE ☐ DELETE
NAME N/A
STREET ADDRESS N/A
CITY-ST-ZIP N/A

TITLE ☐ DELETE
NAME NA
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME N/A
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME N/A
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME N/A
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME N/A
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME N/A
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 800002163578
6.3 STREET ADDRESS -05/02/97--01061--021
6.4 CITY-ST-ZIP ***165.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LYONEL DUPRE

02-11-97

Date

305-625-2454

Daytime Phone #

CR2E034 (9/96)