


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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000053496 (1) Corporation Name Y.G.Y.D., INC.					
Principal Place of Business 17100 COLLINS AVENUE UNIT 105-109 NORTH MIAMI BEACH FL 33180			Mailing Address 17100 COLLINS AVENUE UNIT 105-109 NORTH MIAMI BEACH FL 33180		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0675782		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent DETULLIO, LEONARD 17100 COLLINS AVENUE UNIT 105-109 NORTH MIAMI BEACH FL 33180			10. Name and Address of New Registered Agent		
			B1 Name		
			B2 Street Address (P.O. Box Number is Not Acceptable)		
			B3		
			B4 City		
			FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	DETULLIO, LEONARD				
STREET ADDRESS	16445 COLLINS AVE APT 29-21				
CITY-ST-ZIP	MIAMI BEACH FL 33160				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	AMIR, YAACOV				
STREET ADDRESS	2208 NE 11TH STREET				
CITY-ST-ZIP	HALLANDALE FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	SAFDIE, YORAM				
STREET ADDRESS	19488 E COUNTRY CLUB DRIVE				
CITY-ST-ZIP	AVENTURA FL 33180				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GILLET, JOEL				
STREET ADDRESS	3180 NE 165TH STREET				
CITY-ST-ZIP	N MIAMI BEACH FL 33160				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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					



DO NOT WRITE IN THIS SPACE

14. I 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: \_\_\_\_\_  
JOEL GILLET  
DETULLIO  
4/13/98 305-957-8903

CR2E034 (10/97)