

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

FILED

May 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
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DOCUMENT # P96000072675 (7)

1. Corporation Name
SANYAP, INC.



Principal Place of Business 126 ORQUIDEA AVENUE CORAL GABLES FL 33143	Mailing Address 126 ORQUIDEA AVENUE CORAL GABLES FL 33143-6558
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2. Principal Place of Business 21 5001 S UNIV DR Suite, Apt. #, etc. 22 STE B City & State 23 DAVIE FL Zip 24 33328		2a. Mailing Address 26 5001 S UNIV DR Suite, Apt. #, etc. 27 STE B City & State 28 DAVIE FL Zip 29 33328		3. Date Incorporated or Qualified 08/30/1996		3a. Date of Last Report N/A	
				4. FEI Number 65-0690652		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent YAP, STANLEY P 126 ORQUIDEA AVENUE CORAL GABLES FL 33143				10. Name and Address of New Registered Agent			
				81 Name YAP, STANLEY P			
				82 Street Address (P.O. Box Number is Not Acceptable) 5001 S UNIV DR STE B			
				83			
				84 City DAVIE FL 85 Zip Code 33328			

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 Stanley Yap **4/28/97**
Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	YAP, STANLEY P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YAP, STANLEY P			1.2 NAME			
STREET ADDRESS	126 ORQUIDEA AVENUE			1.3 STREET ADDRESS	5001 S UNIV DR STE B		
CITY-ST-ZIP	CORAL GABLES FL 33143			1.4 CITY-ST-ZIP	DAVIE FL 33328		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	YAP, CAROL-ANN M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YAP, CAROL-ANN M			2.2 NAME			
STREET ADDRESS	126 ORQUIDEA AVENUE			2.3 STREET ADDRESS	5001 S UNIV DR STE B		
CITY-ST-ZIP	CORAL GABLES FL 33143			2.4 CITY-ST-ZIP	DAVIE FL 33328		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: Stanley Yap **4/28/97** (916) 434-8500

CR2E034 (9/96)