## 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

**FILED** 

May 07 1997 8:00am

Secretary of State

## DOCUMENT # P96000086082 (0)

YAWL IMPORTS, INC.

| Principal Plac                              | e of Business  | Mailing Address  | iling Address              |                                |   | DENI DENI DENI                 |                                |              |
|---|--|--|----------------------------|--------------------------------|---|--------------------------------|--------------------------------|--------------|
| 11401 SOUTH DIXIE HIGHWAY<br>MIAMI FL 33158 |  | 11401 SOUTH DIXIE HIGHWAY<br>MIAMI FL 331564443                |                            |                                |   |                                |                                |              |
|   |  |  |                            |                                | 3. Date Incorporated or Qualifi 10/17/1996                                    | od 3a. Da                      | ate of Last Re                 | aport        |
|   | lace of Businoss   | 2a. Mailing Address  |                            |                                | 4. FEI Number   | . /                            | Ар                             | plied For    |
| 21 SAME                                     |  | 26 SAME AS AB  | POVE                       |                                | 65-070257   | <u>t</u>                       | No                             | t Applicable |
|   | ulte, Apt. #, etc.   |  |                            |                                | 5. Certificate of Status Desired  |                                | \$8.75 A                       |              |
| 22<br>City & Stat                           | 27   | Ciato  |                            |                                |   | Fee Re                         | <u></u>                        |              |
| 23  | · · · · · · · · · · · · · · · · · · ·  | City & State   |                            |                                | 6. Election Campaign Financin Trust Fund Contribution                         | a 🗀                            | \$5.00<br>Added to             |              |
| Zip   | Country  | Zip  | Country                    | /                              | 8. This corporation has liability   | for intangible                 | tax under s.                   | 199.032,     |
| 24  | 25   |  | 30                         |                                | Florida Statutes  |                                | No No                          |              |
|   | 9, Name and Address of Current   | Registered Agent   |                            |                                | 10. Name and Address of New   | Registered                     | Agent                          |              |
| AMERILAWYER CHARTERED   81 Name j.4         |  |  |                            |                                | AROLD KLEIN   |                                |                                |              |
| 343 ALMERIA AVENUE                          |  |  |                            | Street Add                     |   | ptable) ,                      |                                |              |
| CORAL GABLES FL 33134                       |  |  |                            | 11401                          | ress (P.O. Box Number is Not Acce   | WAY                            |                                |              |
| ·   |  |  | 83                         |                                |   | -                              |                                |              |
|   |  |  | 84                         | GiV L A                        | 194 1   |                                | 85 Zip (                       | Code ,       |
| -44 5                                       | 4. 15  | 10074500 5   |                            | MIA                            |   | FL                             | .     3 3                      |              |
| office or r                                 | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State o<br>m familiar with, and accept the obligati | and 607.1508, Florida Statute<br>I Florida. Such change was au | s, the abov<br>uthorized b | e-named corp<br>v the corporal | poration submits this statement for t<br>tion's board of directors. Thereby a | ne purpose of<br>ecent the apo | i changing its<br>sointment as | s registered |
| agent. I a                                  | m familiar with, and accept the obligati   | ons of, Section 607.0505, Flor                                 | rida Statute               | S.                             | ./  | 0 00                           | Direction Cao                  | . og.bio.oa  |
| SIGNATURE                                   | Similar typed or print on a right construct agent  | and title if applicable. (NOT):                                |                            |                                | ,   | 8-97                           |                                |              |
| 12.   | Signal of typed or printed making the considered agent   |  | 18.                        | en: signature redui            | red when reinstating) ADDITIONS/CHANGES TO O                                  | DAIL<br>FEICERS AND            | DIRECTOR                       | S IN 12      |
| TITLE                                       | PD   | DELETE   | 1.11016                    |                                | 7,0011010701711020 10 0   | TIOLITO AIRL                   | Change                         | Addition     |
| NAME  | KLEIN, HAROLD  | —  | 1.2 NAME                   | '                              |   |                                |                                |              |
| STREET ADDRESS                              | 11401 SOUTH DIXIE HIGHWAY  |  |                            | ADDRESS                        |   |                                |                                |              |
| CITY-ST-ZIP                                 | MIAMI FL 33156   |  | 1.4 CITY - 5               | ***                            |   |                                |                                |              |
| TITLE                                       | VD   | DELETE   | 2 1 TITLE                  |                                |   |                                | Change                         | Addition     |
| NAME  | KLEIN, SPENCER   |  | 2.2 NAME                   |                                | 4   |                                | _ *                            | -            |
| STREET ADDRESS                              | 11401 SOUTH DIXIE HIGHWAY  |  | 23 STREET                  | ADDRESS                        | -   |                                |                                |              |
| CITY-ST-ZIP                                 | MIAMI FL 33156   |  | 2 4 CHY-                   |                                |   |                                |                                |              |
| TITLE                                       | STD  | ☐ DELETE   | 3 1 THLF                   | ·· <del>·</del>                |   |                                | Change                         | Addition     |
| NAME  | KLEIN, MURIEL  |  | 3.2 NAME                   |                                |   |                                |                                |              |
| STREET ADDRESS                              | 11401 SOUTH DIXIE HIGHWAY  |  | 3 3 STREET                 | ADDRESS                        |   |                                |                                |              |
| CITY-ST-ZIP                                 | MIAMI FL 33158   |  | 3.4. CITY-                 | S1 - ZIP                       |   |                                |                                |              |
| TITLE                                       |  | DELETE   | 4.1 THLE                   |                                |   | •                              | Change                         | Addition     |
| NAME  |  |  | 4. 2 NAME                  |                                |   |                                |                                |              |
| STREET ADDRESS                              |  |  | 4.3 \$1REE1                | ADDRESS                        |   |                                |                                |              |
| CITY-ST-ZIP                                 |  |  | 4.4 CITY - 9               | ST - 7IP                       |   |                                |                                |              |
| TITLE                                       |  | ☐ DELETE   | 5.1 TITLE                  |                                |   |                                | Change                         | Addition     |
| NAME  |  |  | 5.2 NAME                   |                                |   |                                |                                |              |
| STREET ADDRESS                              |  |  | 5.3 STREET                 | ADDRESS                        |   |                                |                                | 1            |
| CITY-ST-ZIP                                 |  |  | 5.4 CITY - 5               | ST- ZIP                        |   |                                |                                |              |
| TITLE                                       |  | ☐ DELETE   | 6.1 T T  E                 |                                |   |                                | Change                         | Addition     |
| NAME  |  |  | 6.2 NAME                   |                                |   |                                |                                | f            |
| STREET ADDRESS                              |  |  | 6.3 STREET                 | ADDRESS                        | •   |                                |                                |              |

6.4 CITY-S1-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 logal effect as if made under eath; 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.