

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

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May 08 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** P97000086108

1. Corporation Name

YDS LIMITED, INC.

Principal Place of Business 3300 NE 191ST STREET	Mailing Address 3300 NE 191ST STREET
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N MIAMI BEACH, FL 33160      N MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 450 N PARK ROAD Suite, Apt. #, etc. 22 #410 City & State 23 HOLLYWOOD, FL Zip 24 33021	2a. Mailing Address 26 450 N PARK ROAD Suite, Apt. #, etc. 27 #410 City & State 28 HOLLYWOOD, FL Zip 29 33021	3. Date Incorporated or Qualified 10/06/97	4. FEI Number 65-0787040	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent HERMAN MOSKOWITZ, CPA 450 N PARK ROAD #710 HOLLYWOOD, FL 33021	10. Name and Address of New Registered Agent 81 Name HERMAN MOSKOWITZ, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 450 N PARK ROAD 83 #410 84 City HOLLYWOOD FL 85 Zip Code 33021
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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 HERMAN MOSKOWITZ, CPA DATE 04/29/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> DELETE STEVEN CAMHI 3300 NE 191ST STREET N MIAMI BEACH, FL 33160	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEVEN CAMHI 450 N PARK ROAD #410 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HERMAN MOSKOWITZ 450 N PARK ROAD #410 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900002518303 -05/11/98--01094--039 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] DATE 04/29/98 954-983-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)