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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 13

DOCUMENT # S08679

(0)

1. Corporation Name

YOGO U.S., INC.

Principal Place of Business

Mailing Address

1320 GRAHAM BLVD. #320
MONTREAL, QUEBEC H3P 3C8
MONTREAL, QUEBEC, CANADA H3P 3

1320 GRAHAM BLVD. #320
MONTREAL, QUEBEC H3P 3C8
MONTREAL, QUEBEC, CANADA H3P 3

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/25/1990

3a. Date of Last Report
04/11/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip H3P 3C8 Country

28 Zip H3P 3C8 Country

24

29

30

4. FEI Number
98-0113712

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

8. This corporation has liability for intangible tax under S. 190.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GODIN, BERNARD
% RIVERDALE, INC.
21845 POWERLINE RD, STE 201
BOCA RATON FL 33433

81 Name

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

83

84 City

FL

85 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

Signature, printed or printed name of registered agent and that of applicant

Signature, printed or printed name of registered agent and that of applicant

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SEGUIN, YOLANDE G.
STREET ADDRESS 1320 GRAHAM BLVD. #320
CITY, ST, ZIP MONTREAL, QUEBEC, CAN.

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

TITLE ST
NAME GILLES, LAMY
STREET ADDRESS 1320 GRAHAM BLVD. #320
CITY, ST, ZIP MONTREAL, QUEBEC, CA H3P 3C8

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the exemption stated in Section 119.071(1)(b), 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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yolande G. Séguin

2/8/95

(514) 737-3919

PRINTED NAME AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR