

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:58

DOCUMENT # S58712 (8)

1. Corporation Name

Y.Z. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**7810 S W 84TH PLACE
MIAMI FL 33143**

**7810 S W 84TH PLACE
MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1991

3a. Date of Last Report

03/22/1994

4. FID Number

65-0269799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Certificate of Status Desired

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability to corporation tax under s. 190(1)(2)
 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

**MITTLE, BARRY S.
7300 WEST McNAB ROAD
SUITE 215
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

12.1. Title

**PD
ZILBERSTEIN, YACOV
7810 S W 84TH PLACE
MIAMI FL**

12.2. Name

12.3. Street Address

12.4. City, St. Zip

12.5. Title

12.6. Name

12.7. Street Address

12.8. City, St. Zip

12.9. Title

12.10. Name

12.11. Street Address

12.12. City, St. Zip

12.13. Title

12.14. Name

12.15. Street Address

12.16. City, St. Zip

12.17. Title

12.18. Name

12.19. Street Address

12.20. City, St. Zip

12.21. Title

12.22. Name

12.23. Street Address

12.24. City, St. Zip

12.25. Title

12.26. Name

12.27. Street Address

12.28. City, St. Zip

13.1. Title

13.2. Name

13.3. Street Address

13.4. City, St. Zip

13.5. Title

13.6. Name

13.7. Street Address

13.8. City, St. Zip

13.9. Title

13.10. Name

13.11. Street Address

13.12. City, St. Zip

13.13. Title

13.14. Name

13.15. Street Address

13.16. City, St. Zip

13.17. Title

13.18. Name

13.19. Street Address

13.20. City, St. Zip

13.21. Title

13.22. Name

13.23. Street Address

13.24. City, St. Zip

13.25. Title

13.26. Name

13.27. Street Address

13.28. City, St. Zip

13.29. Title

13.30. Name

13.31. Street Address

13.32. City, St. Zip

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190(1)(3)(a), Florida Statutes. I further certify that the information submitted 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 1207, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or certain attached with an address.

SIGNATURE:

YACOV ZILBERSTEIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x

6/26/95

305-865-7576
 TELEPHONE NUMBER

CR2E034 (3/95)