

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 MAR 13 AM 10:28

DOCUMENT # S74303 (6)

1. Corporation Name
YAMIT CORP.

Principal Place of Business: **1615 NE 187 ST N MIAMI BEACH FL 33179**

Mailing Address: **1815 NE 187 ST N MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields.

3. Date Incorporated or Qualified: **08/15/1991**

3a. Date of Last Report: **04/19/1994**

4. FEI Number: **65-0279290**

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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

SASONI, ANNA & MICHAEL
1815 NE 187 ST
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

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 607.1608, 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SASONI, ANNA
STREET ADDRESS	1815 NE 187 ST
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	D
NAME	SASONI, MICHAEL
STREET ADDRESS	1815 NE 187 ST
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	D
NAME	KLEINMAN, ESTHER
STREET ADDRESS	20850 NE SAN SIMEON WAY
CITY-ST-ZIP	#105 N. M. BEACH FL
TITLE	D
NAME	KLEINMAN, CHAIM
STREET ADDRESS	20850 NE SAN SIMEON WAY
CITY-ST-ZIP	#105 N. M. BEACH FL
TITLE	D
NAME	SHAVIT, MOTI M.
STREET ADDRESS	751 NE 109 ST #201
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	D
NAME	ZAILA, MIRYAM & MORRIS
STREET ADDRESS	2441 NE 201 ST
CITY-ST-ZIP	N MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 110.07(3)(k), 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: Esther Kleinman ESTHER KLEINMAN 3/1/95 305 652 4369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)