

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

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**Apr 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **S74303 (6)**  
1. Corporation Name  
**YAMIT CORP.**



Principal Place of Business: **1815 NE 187 ST N MIAMI BEACH FL 33179**  
Mailing Address: **1815 NE 187 ST N MIAMI BEACH FL 33179-4360**

3. Date Incorporated or Qualified: **08/15/1991**  
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business: **2441 N.E. 201 ST**  
2a. Mailing Address: **2441 N.E. 201 ST**  
21. City & State: **N. Miami Beach, FL**  
22. Zip: **33180**  
23. Country: **Dade**  
24. Name and Address of Current Registered Agent: **SASONI, ANNA & MICHAEL 1815 NE 187 ST N MIAMI BEACH FL 33179**

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

25. City & State: **N. Miami Beach, FL**  
26. Zip: **33180**  
27. Country: **Dade**  
28. 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: **VASEE BERAHA & LELA**  
82. Street Address (P.O. Box Number is Not Acceptable): **2441 N.E. 201 ST**  
83. City: **N. Miami Beach** FL 85. Zip Code: **33180**

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: *Joseph Peraha* DATE: **3/26/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SASONI, ANNA</b>	1.2 NAME	<b>Joseph Peraha &amp; Lela</b>
STREET ADDRESS	<b>1815 NE 187 ST</b>	1.3 STREET ADDRESS	<b>1991 N.E. 163rd Street</b>
CITY- ST- ZIP	<b>N MIAMI BEACH FL</b>	1.4 CITY- ST- ZIP	<b>N.M.B. FL 33162</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SASONI, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>1815 NE 187 ST</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>N MIAMI BEACH FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEINMAN, ESTHER</b>	3.2 NAME	
STREET ADDRESS	<b>20850 NE SAN SIMEON WAY</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>#105 N. M. BEACH FL</b>	3.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEINMAN, CHAIM</b>	4.2 NAME	
STREET ADDRESS	<b>20850 NE SAN SIMEON WAY</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>#105 N. M. BEACH FL</b>	4.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAVT, MOTI M.</b>	5.2 NAME	
STREET ADDRESS	<b>751 NE 199 ST #201</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>N MIAMI BEACH FL</b>	5.4 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAILA, MIRYAM &amp; MORRIS</b>	6.2 NAME	
STREET ADDRESS	<b>2441 NE 201 ST</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>N MIAMI BEACH FL</b>	6.4 CITY- ST- 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 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: *Joseph Peraha* DATE: **3/23/97** DAYTIME PHONE: **305-933-3137**

CR2E034 (9/96)