

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

FILED
Mar 19 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 # **S79376** (7)
1. Corporation Name
YIDA CORP.



Principal Place of Business: **1145 W 29TH ST HIALEAH FL 33012**
Mailing Address: **1145 W 29TH ST HIALEAH FL 33012-5063**

3. Date Incorporated or Qualified: **09/09/1991**
3a. Date of Last Report: **04/12/1996**
4. FEI Number: **65-0281552**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business:
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**MAYHEW, MAGALY C.
1145 W 29TH ST
HIALEAH FL 33012**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
I, _____, Registered Agent, accept and undertake, as applicable, the duties of a registered agent. (Signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	D MAYHEW, MAGALY C.	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	1145 W 29TH ST HIALEAH FL	13.2 NAME	
12.3 CITY - ST - ZIP	HIALEAH FL	13.3 STREET ADDRESS	
12.4 TITLE	VP	13.4 CITY - ST - ZIP	
12.5 NAME	ANZORANDIA, IRMA	13.5 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS	1780 W. 60TH STREET HIALEAH FL	13.6 NAME	
12.7 CITY - ST - ZIP	HIALEAH FL	13.7 STREET ADDRESS	11429 N.W. 89th COURT HIALEAH GARDENS FLORIDA 33018
12.8 TITLE	ST	13.8 CITY - ST - ZIP	FLORIDA 33018
12.9 NAME	ANZORANDIA, FRANCISCO	13.9 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS	1780 W. 60TH STREET HIALEAH FL	13.10 NAME	
12.11 CITY - ST - ZIP	HIALEAH FL	13.11 STREET ADDRESS	11429 N.W. 89th COURT HIALEAH GARDENS FLORIDA 33018
12.12 TITLE		13.12 CITY - ST - ZIP	
12.13 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY - ST - ZIP		13.15 STREET ADDRESS	
12.16 TITLE		13.16 CITY - ST - ZIP	
12.17 NAME		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY - ST - ZIP		13.19 STREET ADDRESS	
12.20 TITLE		13.20 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 included 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 of this report on an attachment with an address.

SIGNATURE: *Magaly C. Mayhew* **MAGALY C MAYHEW** 3/15/97 305-274-6590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lifetime Filing #

CR2E034 (9/96)