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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 663569

(2)

JAPANESE MARKET, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 21 1997 8:00am Secretary of State



10431 6W 128 ST MIAMI FL 33176		10431 SW 128 ST MIAM! FL 33176-5514				
					3. Date Incorporated or Qualified 01/08/1980	3a. Date of Last Report 01/26/1996
	Place of Business	2a. Mailing Address	2a. Mailing Address		4, FEI Number	Applied For
21		26			59-1963609	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State	F¬ '		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24			Cour	try	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes  No
	9. Name and Address of C	current Registered Agent			10, Name and Address of New Reg	istered Agent
	KARA, ABE		]'	Name		
	31 <b>6</b> W 128 ST		ļī	Street Add	Iress (P.O. Box Number is Not Acceptable	e)
MIA	MI FL 33176		-			
			-	33		
				34 City		FL 85 Zip Code
Office of r	regi <b>s</b> tered agent, or both, in the	7.0502 and 607.1508, Florida Stat State of Florida Such change was obligations of, Section 607.0505, I	s authorized	by the corpora	poration submits this statement for the pu ltion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registe	red agent and tild if applicable (No	OTE: Registered :	Ngent signature requi	ired when reinstating)	DATE
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	VST	DELETE	1.1 TITL			Change Addition
NAME	ABE,YASUKO		1.2 NAM	IE.		
STREET ADDRESS	10431 SW 128 ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S1 - ZIP			
TITLE	ABP OURADA	☐ DELETE				Change 🔲 Addition
NAME	ABE, CHIKARA 10431 SW 128 ST		2.2 NAME			ŀ
STREET ADDRESS	10431 314 128 31   MIAMI FL		2.3 STREFT ADDRESS			
CITY-ST-ZIP TITLE	MINNIFL	DELETE	2 4 CHY-ST-ZIP			
NAME			3 1 1111	1		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAM			
CITY-ST-ZIP				ET ADDRESS		
TITLE		DECETE	4.1 1111	- S1 - Z(P		Change Addition
NAME			4. 2 NAN			ET change ET Monklott
STREET ADDRESS				F1 ADDRESS		
CITY-ST-ZIP			4.4 CITY	i		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM		•	En comingo En Modellott
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CHY			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM	-		
STREET ADDRESS		$\sim$ $\sim$	6.3 STRE	ET ADDRESS		
CITY-ST-ZIP		11 /1	6.4 CITY	·ST-ZIP		
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ntal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that iver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name