

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **689451**

(3)

95 JAN 13 PM 2: 58

1. Corporation Name

SAKURA JAPANESE RESTAURANT, INC.

Principal Place of Business

Mailing Address

3791 CATHEDRAL COVE ROAD
JACKSONVILLE FL 32217

3791 CATHEDRAL COVE ROAD
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1980

3a. Date of Last Report

07/22/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2039572

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HSU, WEN H.
3791 CATHEDRAL COVE ROAD
JACKSONVILLE FL 32217

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 607.1508, 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

Signature (Typed or printed name of registered agent and his or her address)

Signature (Typed or printed name of registered agent and his or her address)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

PT

NAME

HSU, WEN H

STREET ADDRESS

3791 CATHEDRAL COVE RD

CITY, ST, ZIP

JACKSONVILLE FL 32217

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

Change Addition

11 TITLE

VS

NAME

HSU, HSIU M

STREET ADDRESS

3791 CATHEDRAL COVE RD

CITY, ST, ZIP

JACKSONVILLE, FL 00000

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

Change Addition

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

Change Addition

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

Change Addition

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

Change Addition

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and it does not qualify for the exemption stated in Section 110 (07.300), Florida Statutes. I further certify that the information is filed as the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation or the receiver or liquidator empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Wen Hsu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95 (904) 737-0061
DATE