

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandley B. Mathison  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 689451 (3)

1. Corporation Name  
**SAKURA JAPANESE RESTAURANT, INC.**



Principal Place of Business: 3791 CATHEDRAL COVE ROAD JACKSONVILLE FL 32217  
Mailing Address: 3791 CATHEDRAL COVE ROAD JACKSONVILLE FL 32217

3. Date Incorporated or Qualified: 09/29/1980  
3a. Date of Last Report: 01/18/1995  
4. FEI Number: 59-2039572  
Applied For: Not Applicable  
5. Cert State 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 1991 Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.09(4) 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. Thereby consent the appointment of its registered agent familiar with and authorized by the provisions of Section 607.09(4) Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	HSU, WEN H	
STREET ADDRESS	3791 CATHEDRAL COVE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HSU, HSU M	
STREET ADDRESS	3791 CATHEDRAL COVE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 subject to Section 119.04(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplement annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 (if checked) or in an attachment with an address.

SIGNATURE: *Wen H. Hsu*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96

CR2E034 (3/96)