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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 689451

1. Corporation Name

SAKURA JAPANESE RESTAURANT, INC.

						I OLDIK BIBIL OLDIK	(
Principal Place of Business Mailing Address								
9432 SAN JOSE	BLVD	9432 SAN JOSE BLVD						
JAX FL 32257		JACKSONVILLE FL 32257)		DO NOT WRITE IN TH	DO MOTIMOITE IN THIS CRACE		
us		บร	US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 09/29/1980			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Α	opplied For	
21		26			59-2039572	N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional	
22		27			5. Certifcate of Status Desired	Fee R	Required	
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Coul	try	8. This corporation owes the current year I	ntangible		
24	25	29	30	-	Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curre		[20]		10. Name and Address of New Registere	d Agent		
	o. Italie and Addition of San	Unit to grow to the state of th	_	81 Name				
HSU	, WEN H.		ļ		HSIU MEI HSU			
	CATHEDRAL COVE ROAD				dress (P.O. Box Number is Not Acceptable)			
1	SAN JOSE BLVD		ŀ	83	8236 BAY THEE LANE		 -	
t .	(SONVILLE FL 32257			65			i	
JACI	COOLIVILLE 1 E 02237			84 City	FACUL - F	85 Zip	Code	
					SACKSONVILLE F			
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	to of Elorida. Such change was	authorized	ny ine comora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as r	egistered egistered	
1 -	~ / ~ /	gations of, Section 607.0505, P	ionua siait	ies.	of whi	29		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NO	TF: Registered	agent signature regu	ired when reinstating) DATE	<u> </u>		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS /	AND DIRECT	ORS IN 12	
TITLE	PT	☐ DELETE	1,1 TIT	.E		Change	Addition	
NAME	HSU, WEN H		1.2 NA	_{AF}				
1	3791 CATHEDRAL COVE RD			REET ADDRESS				
STREET ADDRESS	JACKSONVILLE FL 32217						}	
CITY-ST-ZIP	VS	☐ DELETE	2.1 TIT	Y-ST-ZIP		Change	Addition	
TITLE		□ oece ie		ı		o		
NAME	HSU, HSIU M		2.2 NA	Æ .	8226 BAY THEE LANE			
STREET ADDRESS	3791 CATHEDRAL COVE RD		2.3 ST					
CITY-ST-ZIP	JACKSONVILLE, FL 00000				SACKSONVILLE, FL 32276		- Dadition	
TITLE		☐ DELETE	3.1 TIT	Æ		Change	Addition	
NAME	•		3.2 NA	ME			1	
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP			3.4. Cf	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TIT	Æ		Change	B Addition	
NAME			4. 2 N	ME				
STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP			4.4 CB	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT			☐ Change	■ Addition	
NAME			5.2 NA	1			ļ	
				REET ADDRESS			•	
STREET ADDRESS				Y-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TIT			Change	Addition	
TITLE		C) offere	6 2 NA					
NAME				1				
STREET ADDRESS			6.3 S	REET ADDRESS				

6.4 CITY- ST- ZIP CITY-ST-ZIP 14. I 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, with all other like empowered.

SIGNATURE: