

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **834583** (7)  
1. Corporation Name  
**SOKA GAKKAI INTERNATIONAL - USA, INCORPORATED**



Principal Place of Business: **525 WILSHIRE BLVD SANTA MONICA CA 90406**  
Mailing Address: ~~PO BOX 1427 SANTA MONICA CA 90406~~

3. Date Incorporated or Qualified: **06/27/1975**  
3a. Date of Last Report: **07/13/1995**

|                                 |                           |   |   |
|---------------------------------|---------------------------|---|---|
| 21. Principal Place of Business | 2a. Mailing Address       | 4. FEI Number   | Applied For   |
|                                 | <b>20000 S.W. 36th St</b> | <b>95-2265667</b>   | <input type="checkbox"/> Not Applicable                                   |
| 22. Suite, Apt. #, etc.         | 27. Suite, Apt. #, etc.   | 5. Certificate of Status Desired  | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|                                 |                           | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |
| 23. City & State                | 28. City & State          | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
|                                 | <b>Ft Lauderdale, FL</b>  |   |   |
| 24. Zip                         | 29. Zip                   | 30. Country   |   |
|                                 | <b>33332</b>              | <b>USA</b>  |   |

|  |              |  |           |
|--|--------------|--|-----------|
| 9. Name and Address of Current Registered Agent                      |              | 10. Name and Address of New Registered Agent           |           |
| <b>SUGANO, ANTHONY<br/>816 STANTON DR<br/>FT LAUDERDALE FL 33326</b> |              | 81. Name   |           |
|  |              | 82. Street Address (P.O. Box Number is Not Acceptable) |           |
|  |              | 83.  |           |
|  |              | 84. City   | <b>FL</b> |
|  | 85. Zip Code |  |           |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92 |  |
|----------------------------|--|--|--|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE  | 1.1 TITLE  | <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>KATO, JAMES Y</b>                       | 1.2 NAME   | <b>ODANO, GEORGE</b>   |
| STREET ADDRESS             | <b>614 4TH ST</b>                          | 1.3 STREET ADDRESS                                     | <b>10942 BARMAN AVENUE</b>   |
| CITY-ST-ZIP                | <b>SANTA MONICA CA</b>                     | 1.4 CITY-ST-ZIP  | <b>CULVER CITY, CA 90230</b>   |
| TITLE                      | <b>VSD</b> <input type="checkbox"/> DELETE | 2.1 TITLE  | <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SASAKI, RICHARD</b>                     | 2.2 NAME   | <b>SAKURAI, HARRY</b>  |
| STREET ADDRESS             | <b>12030 LAMANDA ST</b>                    | 2.3 STREET ADDRESS                                     | <b>1510 N.W. 128TH DRIVE, #207</b>   |
| CITY-ST-ZIP                | <b>LOS ANGELES CA</b>                      | 2.4 CITY-ST-ZIP  | <b>SUNRISE, FL 33323</b>   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE  | 3.1 TITLE  | <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>KASAHARA, DAVID</b>                     | 3.2 NAME   | <b>YOSHIKAWA, KAZUO</b>  |
| STREET ADDRESS             | <b>36-35 30TH ST</b>                       | 3.3 STREET ADDRESS                                     | <b>311 10TH STREET</b>   |
| CITY-ST-ZIP                | <b>LONG ISLAND CITY NY</b>                 | 3.4 CITY-ST-ZIP  | <b>SANTA MONICA, CA 90402</b>  |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE  | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       | <b>MCCLOSKEY, GUY</b>                      | 4.2 NAME   |  |
| STREET ADDRESS             | <b>4858 N. MARMORA</b>                     | 4.3 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | <b>CHICAGO IL</b>                          | 4.4 CITY-ST-ZIP  |  |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE  | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       | <b>NAKABAYASHI, FRANKLIN</b>               | 5.2 NAME   |  |
| STREET ADDRESS             | <b>1127 10TH ST #203</b>                   | 5.3 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | <b>SANTA MONICA CA</b>                     | 5.4 CITY-ST-ZIP  |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       | <b>ZAITSU, FRED</b>                        | 6.2 NAME   |  |
| STREET ADDRESS             | <b>34 DOVER PLACE</b>                      | 6.3 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | <b>MANHATTAN BEACH CA</b>                  | 6.4 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 stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Y. Kato 2/29/96 (310) 451-8811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)