

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000004455 (2)**

1. Corporation Name
KOHNAN INC.



Principal Place of Business
**ONE EXECUTIVE WAY
NAPA CA 94558**

Managing Address
**ONE EXECUTIVE WAY
NAPA CA 94558**

2. Principal Place of Business

2a. Mailing Address

21. State, App. No. etc.

26. State, App. No. etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. State

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified 09/27/1993	3a. Date of Last Report 03/22/1995
4. FEI Number 95-4107306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CIARLETTA, DAN
9252 SAN JOSE BLVD., #4503
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.050(2) 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 607.0609, Florida Statutes.

SIGNATURE: *Daniel C. Ciaretta* **2-12-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	C	<input type="checkbox"/> DELETE
12. NAME	HOMBO, YUICHI	
13. STREET ADDRESS	1872 MINAMATAKAE MACHI	
14. CITY-STATE-ZIP	KUMAMOTO CITY, JAPAN	
15. TITLE	P	<input type="checkbox"/> DELETE
16. NAME	HIGO, SAKAE	
17. STREET ADDRESS	1515 SILVER TRAIL	
18. CITY-STATE-ZIP	NAPA CA 94558	
19. TITLE	V	<input type="checkbox"/> DELETE
20. NAME	HASHIUCHI, ATSUSHI	
21. STREET ADDRESS	20019 REDBEAM AVE	
22. CITY-STATE-ZIP	TORRANCE CA	
23. TITLE	V	<input checked="" type="checkbox"/> DELETE
24. NAME	SHINDEN, HIROMI	
25. STREET ADDRESS	3757 CLARA DRIVE	
26. CITY-STATE-ZIP	NAPA CA 94558	
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY-STATE-ZIP		
31. TITLE		<input type="checkbox"/> DELETE
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-STATE-ZIP		
15. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		
17. STREET ADDRESS		
18. CITY-STATE-ZIP		
19. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		
21. STREET ADDRESS		
22. CITY-STATE-ZIP		
23. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
24. NAME	Vice-President	
25. STREET ADDRESS	MASAFUMI HOMBO	
26. CITY-STATE-ZIP	3757 CLARA DRIVE	
27. TITLE	NAPA, CA. 94558	
28. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. STREET ADDRESS		
30. CITY-STATE-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 a 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 amendment with an address.

SIGNATURE: *Masafumi Hombu*
MASAFUMI HOMBO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96
707-258-6160
Date of Filing Fee

CR2E034 (12/95)