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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # H01635 (2)

1. Corporation Name

SU-SHIN U.S.A., INC.

Principal Place of Business	Mailing Address
4595 N. UNIVERSITY DR LAUDERHILL FL 33351-4502	4595 N. UNIVERSITY DR LAUDERHILL FL 33351-4502

3. Date Incorporated or Qualified	3a. Date of Last Report
04/30/1984	01/18/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		Applied For
21	26	59-2413576		Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 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
HIROSE, AKIRA 4595 N. UNIVERSITY DRIVE LAUDERHILL FL 33351	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 title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 1 TITLE	☐ Change	☐ Addition
NAME	ABE, CHIKARA		1 2 NAME		
STREET ADDRESS	4595 N. UNIVERSITY DR		1 3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		1 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2 1 TITLE	☐ Change	☐ Addition
NAME	HIROSE, AKIRA		2 2 NAME		
STREET ADDRESS	4595 N. UNIVERSITY DR		2 3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE	☐ Change	☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE	☐ Change	☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE	☐ Change	☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE	☐ Change	☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Akira Hirose*   2/13/96   954-741-2569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)