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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K26358** **(7)**

1. Corporation Name
YAMAHA MUSIC LATIN AMERICA CORP.

Principal Place of Business	Mailing Address
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 US	1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301-0401 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 06/16/1988
3a. Date of Last Report: 04/09/1996
4. FEI Number: 65-0056086 ☐ Applied For ☐ Not Applicable
5. Certificate 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MASSAKI ITO		1.2 NAME	TSUNEO KUROE	
STREET ADDRESS	6600 ORANGETHORPE AVE		1.3 STREET ADDRESS	6600 ORANGETHORPE AVE.	
CITY-ST-ZIP	BUENA PARK CA		1.4 CITY-ST-ZIP	BUENA PARK, CA 90620	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MATSUMOTO, TSUGUO		2.2 NAME		
STREET ADDRESS	6101 BLUE LAGOON DR #190		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	STANGE, ROGER E.		3.2 NAME	MICHAEL L. THOMAS	
STREET ADDRESS	6600 ORANGETHORPE AVE		3.3 STREET ADDRESS	6600 ORANGETHORPE AVE.	
CITY-ST-ZIP	BUENA PARK CA		3.4 CITY-ST-ZIP	BUENA PARK, CA 90620	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHIMANUKI, RYOICHI		4.2 NAME		
STREET ADDRESS	6600 ORANGETHORPE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BUENA PARK CA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NORIYUKI, EGAWA		5.2 NAME		
STREET ADDRESS	10-1 NAKAZAWA-CHO		5.3 STREET ADDRESS		
CITY-ST-ZIP	HAMAMATSU-SHIZUOKA-JAPAN		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SADAO FUKUSHIMA		6.2 NAME	SHUJI ITO	
STREET ADDRESS	6600 ORANGETHORPE AVE		6.3 STREET ADDRESS	6600 ORANGETHORPE AVE.	
CITY-ST-ZIP	BUENA PARK CA		6.4 CITY-ST-ZIP	BUENA PARK, CA 90620	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ DATE _____