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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K46834** (3)

1. Corporation Name
AOKI REALTY CORPORATION OF FLORIDA

Principal Place of Business
**12007 CYPRESS RUN ROAD
ORLANDO FL 32836**

Mailing Address
**12007 CYPRESS RUN ROAD
ORLANDO FL 32836-6421**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/21/1988

3a. Date of Last Report

04/18/1996

4. FEI Number

59-2921695

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

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SHODA, MASAYOSHI	
STREET ADDRESS	12007 CYPRESS RUN ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YAMANOUCHI, KOZO	
STREET ADDRESS	12007 CYPRESS RUN ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARAKI, MASAYUKI	
STREET ADDRESS	12007 CYPRESS RUN ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	FUNAI, KANYA	
STREET ADDRESS	12007 CYPRESS RUN ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MUKOYAMA, SEIGO	
STREET ADDRESS	12007 CYPRESS RUN ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BOSS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	YONEMURA, KUNIO MI	
1.3 STREET ADDRESS	12007 CYPRESS RUN ROAD	
1.4 CITY-ST-ZIP	ORLANDO FL	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NOGUCHI, TOSHIKAZU	
2.3 STREET ADDRESS	12007 CYPRESS RUN ROAD	
2.4 CITY-ST-ZIP	ORLANDO FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Masayuki Araki **MASAYUKI ARAKI**

4/15/97

407-238-6022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)