

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:33

DOCUMENT # **L85775** (9)

1. Corporation Name
RAVINES MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
2932 RAVINES ROAD MIDDLEBURG FL 32068	2932 RAVINES ROAD MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/06/1990	02/09/1994
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3019313	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$6.75 Additional Fee Required
23		28		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	Trust Fund Contribution	
24	25	29	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KEEFE, KENNETH M. JR. 50 N. LAURA ST. 3330 BARNETT CENTER JACKSONVILLE FL 32202				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYOHGO, TOHRU	1.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANA, CHININ	2.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDO, RYOICHI	3.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMADA, MASAFUMI	4.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	4.4 CITY - ST - ZIP	
TITLE	AVO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIYAMURA, AKIFUMI	5.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHYAMA, KIMIAMI	6.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

Akifumi Miyamura
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

AKIFUMI MIYAMURA, ASSIST. V.P.

1/16/94 (904) 282-2701