FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

3. Date Incorporated or Qualified: 07/06/1990
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-3019313 ☐ 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

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

9. Name and Address of Current Registered Agent

KEEFE, KENNETH M. JR.
50 N. LAURA ST.
3330 BARNETT CENTER
JACKSONVILLE FL 32202

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: _____ DATE
(Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TL	11 TITLE	☐ Change ☐ Addition
NAME	HYONGO, TOHRU	12 NAME	
STREET ADDRESS	2932 RAVINES RD.	13 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	TANA, CHININ	22 NAME	
STREET ADDRESS	2932 RAVINES RD.	23 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	KONDO, RYOICHI	32 NAME	
STREET ADDRESS	2932 RAVINES RD.	33 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	KAMADA, MASAFUMI	42 NAME	
STREET ADDRESS	2932 RAVINES RD.	43 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	44 CITY-ST-ZIP	
TITLE	AVO	51 TITLE	☐ Change ☐ Addition
NAME	MIYAMURA, AKIFUMI	52 NAME	
STREET ADDRESS	2932 RAVINES RD.	53 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	54 CITY-ST-ZIP	
TITLE	PD	61 TITLE	☐ Change ☐ Addition
NAME	OHYAMA, KIMIAKI	62 NAME	
STREET ADDRESS	2932 RAVINES RD.	63 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	64 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)(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: [signature] 1/16/94 (904) 282-2701
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

AKIFUMI MIYAMURA, V.P.

0000403 CP