

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

CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # **L91081** (4)
 1. Corporation Name
RAVINES GOLF CORPORATION

Principal Place of Business Mailing Address
2932 RAVINS ROAD MIDDLEBURG FL 32068 **2932 RAVINS ROAD MIDDLEBURG FL 32058**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JAN 20 PM 1:38

DO NOT WRITE IN THIS SPACE.

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 **07/30/1990** 3a. Date of Last Report **02/09/1994**
 4. FEI Number **59-3020951** 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
KEEFE, KENNETH M., JR
3300 BARNETT CENTER
50 N LAURA ST
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 607.1506, 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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDO, RYOICHI	1.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	1.4 CITY - ST - ZIP	
TITLE	AVO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIYAMURA, AKIFUMI	2.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHYAMA, KIMIYAKI	3.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	3.4 CITY - ST - ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDO, MITSUYOSHI	4.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	4.4 CITY - ST - ZIP	
TITLE	VPD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMADA, MASAFUMI	5.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANA, CHININ	6.2 NAME	
STREET ADDRESS	2932 RAVINES RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIDDLEBURG FL	6.4 CITY - ST - ZIP	

VPD
ARASE, SUNAO
2932 Ravines Rd.
Middleburg, FL

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 110.07(3)(a), 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 liquidator appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 17 or Block 18 of this report on an attachment with an address.

SIGNATURE: *Akiyuki Miyamura*
 SIGNATURE AND TITLE OR PRINTED NAME OF NON-FL OFFICER OR DIRECTOR
AKIFUMI MIYAMURA, ASSIST VP

1/16/95 (904) 282-2701

**ACTION TAKEN BY WRITTEN
CONSENT OF SHAREHOLDERS OF
RAVINES GOLF CORPORATION**

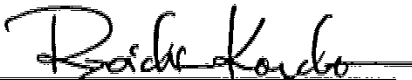
Pursuant to the authority contained in Section 607.0704, Florida Statutes, the undersigned being all of the shareholders of Ravines Golf Corporation, a corporation organized and existing under the laws of the State of Florida, do consent to the adoption of the following resolutions and the taking of all actions specified in or contemplated by these resolutions:

RESOLVED, that the shareholders of Ravines Golf Corporation shall adopt and execute the resignation of Masafumi Kamada from the Board of directors of the corporation and from the position of Vice President of the corporation.

FURTHER RESOLVED, that Sunao Arase shall hereby appointed as a new Director of the corporation and be authorized to serve and to take the responsibility as a Vice President of the corporation.

FURTHER RESOLVED, that this consent shall be effective as of the 18th day of November, 1994.

K-S RAVINES CORPORATION

BY: 
Its President