

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000059424 (0)
 1. Corporation Name
FLORIDA MASTERS PACKING, INC.



Principal Place of Business 2306 S KINGS HWY FT PIERCE FL 34945 US	Mailing Address 2306 S KINGS HWY FT PIERCE FL 34945 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1993	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number 65-0437127	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CLEM, CHESTER 2770 INDIAN RIVER BLVD VERO BEACH FL 32960				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 re-registering)

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	MIZUNO, AKIO	1.2 NAME	
STREET ADDRESS	2916 S A1A	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMAZAWA, MASA	2.2 NAME	
STREET ADDRESS	601 SOUTH FIGUEROA ST #1800	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAKAHASHI, SEIKI	3.2 NAME	
STREET ADDRESS	601 OSUTH FIGUEROA ST #1800	3.3 STREET ADDRESS	TREAS / DIRECTOR
CITY-ST-ZIP	LOS ANGELES CA 90017	3.4 CITY-ST-ZIP	HIRO SUTOH
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHNUKI, NORIO	4.2 NAME	
STREET ADDRESS	2-1 OHEMACHI 1-CHOME	4.3 STREET ADDRESS	601 SOUTH FIGUEROA ST
CITY-ST-ZIP	CHIODA-KU, TOKYO, JAPAN	4.4 CITY-ST-ZIP	LOS ANGELES, CA 90017
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHORI, NOBUYUKI	5.2 NAME	
STREET ADDRESS	17-22 HIKARIGAOKA MISHIMA-CITY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHIZUOKA JA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, 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:  **AKIO MIZUNO** 2-25-98 561-460-7529

CR2E034 (10/97)