
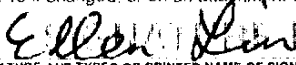


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 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 # P95000006423 (4)					
1. Corporation Name SAKURA OF NORTHDAL, INC.					
Principal Place of Business 18320 CYPRESS VIEW WAY TAMPA FL 33647			Mailing Address 18320 CYPRESS VIEW WAY TAMPA FL 33647-1817		
2. Principal Place of Business 21 3875 NORTHDAL BLVD Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL Zip 24 33624		2a. Mailing Address 26 3875 NORTHDAL BLVD Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33624		Country 25 HILLSBOROGE 30 HILLSBOROGE	
9. Name and Address of Current Registered Agent YAO, CHAOTE 18320 CYPRESS VIEW WAY TAMPA FL 33647			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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHEN, TOGN-HO H		1.2 NAME		
STREET ADDRESS	20 E. DERENNE AVE.		1.3 STREET ADDRESS		
CITY - ST - ZIP	SAVANNAH GA 31405		1.4 CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YAO, CHAOTE		2.2 NAME		
STREET ADDRESS	18320 CYPRESS VIEW WAY		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33647		2.4 CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUZ, WHA DONG		3.2 NAME		
STREET ADDRESS	10522 INDIGO RD.		3.3 STREET ADDRESS		
CITY - ST - ZIP	SAVANNAH GA 31408		3.4 CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIU, ELLEN		4.2 NAME		
STREET ADDRESS	3303 N LAKEVIEW DR, #2612		4.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33618		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			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 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: 			3/25/97 813-969-0418		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



CR2E034 (9/96)