

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S62024 (2)
1. Corporation Name
NIPPON SOGO TOURS, INC.



Principal Place of Business: **8360 W. FLAGLER ST. 103 MIAMI FL 33144 US**
Mailing Address: **8360 W. FLAGLER ST. 103 MIAMI FL 33144 US**

3. Date Incorporated or Quiaimed: **06/25/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0273588**
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: 21 Subj. Apt. #, etc.; 22 City & State; 23 Zip, Country
2a. Mailing Address: 26 Subj. Apt. #, etc.; 27 City & State; 28 Zip, Country
24, 25, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KON, MASAYUKI
8360 W. FLAGLER ST.
SUITE 104
MIAMI FL 33244**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0500 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Typed or Printed Name)

Signature of Registered Agent (Typed or Printed Name)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE	<input type="checkbox"/> DELETE
12. NAME	P KON, MASAYUKI
13. STREET ADDRESS	8360 W. FLAGLER ST., STE. 103
14. CITY, ST., ZIP	MIAMI FL
15. TITLE	<input type="checkbox"/> DELETE
16. NAME	
17. STREET ADDRESS	
18. CITY, ST., ZIP	
19. TITLE	<input type="checkbox"/> DELETE
20. NAME	
21. STREET ADDRESS	
22. CITY, ST., ZIP	
23. TITLE	<input type="checkbox"/> DELETE
24. NAME	
25. STREET ADDRESS	
26. CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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)(k), 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. I am an officer or director of this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

305-670-2249

CR2E034 (12/95)