

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

PROFIT CORPORATION ANNUAL REPORT

044502
07-04-AR
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1997-1999

DOCUMENT #562024

1. Corporation Name

NIPPON SOGO TOURS, INC.

Principal Place of Business

Mailing Address

9300 S. DADELAND BLVD.
SUITE 508
MIAMI, FL 33156

FILED
99 NOV -4 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
November 1, 1987

4. FEI Number
65-0273588

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 owes the current year Intangible Personal Property Tax. Yes No

21	2. Principal Place of Business MIAMI	2a. Mailing Address 9300 S. Dadeland Blvd.
22	Suite, Apt. # etc. 508	Suite, Apt. #, etc. 508
23	City & State MIAMI	City & State MIAMI
24	Zip 33156	Country USA

9. Name and Address of Current Registered Agent

Mr. Masayuki Kon
7525 S.W. 112th Street
Miami, FL 33156

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

TITLE	General Manager	<input type="checkbox"/> DELETE
NAME	Isao Obatake	
STREET ADDRESS	5964 Bent Pine Dr.	
CITY-ST-ZIP	Orlando, FL 32822	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700003049127--1
1.4 CITY-ST-ZIP	-11/19/99--0104--013 ****473.75 ****473.75

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 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, with all other like empowered.

SIGNATURE: _____ DATE: 10-29-99 DAYTIME PHONE # _____

CR2E034 (1/198)