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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORFORATIONS

1997 DOCUMENT # 483043

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propration Na	amo		• . •	
OKUSAN	INTERNATI	ONAL (JSA,	INC.

FILED May 20 1997 8:00am Secretary of State



Principal Place of Business 1590 NW 159TH ST MIAMI FL 33169		Mailing Address			E JOBSH Greek Faire 11911 adii) baana kin bibin albin albin albin albin asal				
		1590 NW 159TH ST MIAMI FL 33169-5635							
						3. Date Incorporated or Qualified 08/19/1975		te of Last I)1/1996	Report
2. Principal Place of Business 21		2a, Mailing Address 26		4. FEI Number 59-1631707		Applied For Not Applicable			
Suite, Apt.	# . etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	6	City & State				Election Campaign Financing Trust Fund Contribution			May Bo to Fees
Zip	Country	Zip	Ço	untry	,	8. This corporation has liability for i	ntangible	lax under :	s. 199.032,
24	25	29	30	· • · · · · ·			Yes [
	9. Name and Address of Curren	it Registered Agent		-	1	10. Name and Address of New Re	gistered A	\gent	
	TRIOK BARTHET			81	Name				
	S. BISCAYNE BLVD SUITE 2120)	· [Street Add	Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33131		'	83					
				84	City		FL	85 Zip	Code
office or r agent. I a SIGNATURE						poration submits this statement for the p ntion's board of directors. I hereby accep		changing bintment as	its registered s registered
12,	Signature, typed or printed name of registered age OFFICERS AN		Registere	d Age	ont signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CDS AND	DIRECTO	DC IN 10
TITLE	PID	DELETE	1.1 1	 171 F	· T	ADDITIONS/CHANGES TO OFFIC		Change	
NAME	GOSHIMA, SADAO			JAME					
STREET ADDRESS	1590 NW 159TH STREET				ADDRESS				
CITY-ST-ZIP	MIAMI FL			:11Y-S					
TITLE	VPS	DELETE	5 1					Change	Addition
NAME	HISASHI, TOMIBE		22 N	EAME					
STREET ADDRESS	1590 NW 159TH STREET		2.3 5	TREE T	ADDRESS				
CITY-ST-ZIP	MIAMI FL		.,		\$1 - ZIP				
TITLE	D OVER ON A STATE	DETELE	3,17					Change	Addition
NAME	SHINICHI, OYAMA		3.2 N						
STREET ADDRESS	1590 NW 159TH STREET				ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL S	DELETE			S1 · ZIP			Change	Addition
NAME	WHITTELSEY, THOMAS F	ביין מנגנינ	4.1 T	NAME				onange	LT MODITION
STREET ADDRESS	1590 NW 159TH STREET				ADDRESS				
CITY-ST-ZIP	MAMI FL			HREET HY-S	1				
TITLE	Programmed to the	DELETE	5.1 T), . T(L			Change	Addition
NAME			5.2 N					- •	
STREET ADDRESS		•	1		ADDRESS				
CITY-ST-ZIP				::::X-S					
TITLE		DELETE	6.1 T					Change	Addition
NAME	,		62N	IAME					
STREET ADDRESS			6.3	TREEL	ADDRESS				
CITY-ST-ZIP	l		6.4 0	HY-S	ST- 2(P				

14. I do hereby certify that the information supplied with this filling closs not qualify for this exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted 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 attachmon with an address.