SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. **amount due on or before 9/17/97: \$5**50 (if dissolved, minimum amount due to reinstate: \$750.)

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997 98 JAN -2 AM 9: 17 POCUMENT # P95000054891 (3) RIKI JAPANESE STEAK & SEAFOOD RESTAURANT, INC. Principal Place of Business Mailing Address 3501.4 PONCE DE LEON BLVD. ST AUGUSTINE FL 3501 G PONCE DE LEON BLVD. ST AUGUSTINE FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/17/1995 04/15/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-3322439 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 Yes 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent raguini, fernando r 3501 J PONCE DE LEON BLVD Street Address (P.O. Box Number is Not Acceptable) 82 ST AUGUSTINE FL 83 City 85 Zip Code 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 fartiliar with, and except the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the pr SIGNATURE one of registero, agent and title if applicable OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TIPLE 1.1 THE ☐ Change RAGUINI, FERNANDO R NAME 30**0**00<u>023</u>92322 1.2 NAME -01/07/98--01043--007 6125 GULF RD., WEST STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32244 ****750.00

Change ___ Addition CITY-ST-ZIP ****750.00 1.4 City - ST - ZIP DELETE TITLE 2.1 1111.8 EVANS, JONATHAN JR. 2.2 NAME 6125 GULF RD., WEST STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-2IP 2.4 CITY - ST - ZIF DELETE Change ___ Addition TITLE 3.1 THILE RAGUINI, KUNIKO NAME 3.2 NAME 6125 GULF RD., WEST STREET ADORESS 3.3 STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE EVANS, SACHI NAME 4. 2 NAME 6125 GULF RD., WEST STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32244 CITY ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 51 TITLE NAME LUAVS ICAM 5.2 NAME 4007 CLKS DK. STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Addition TITLE Change 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 eath, that I am an officer or director of the optionalism or the repetitive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or only attachment with an address.

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and 825-050