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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

(9)

WEEN INTERNATIONAL CORPORATION

Mailing Address	

SAGA RESTAURANT SARASOTA FL 34238

SAGA RESTAURANT 8383 S. TAMIAMI TR. #104 8383 S. TAMIAMI TR. #104 SARASOTA FL 34238 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/24/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0352903 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name UCHIDA, MAKOTO SAGA RESTAURANT 82 Street Address (P.O. Box Number is Not Acceptable) 8383 S. TAMIAMI TR. #104 83 SARASOTA FL 34238 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE MAKOTO UCHIDA CR2E034 NAME 1.2 NAME 6033 34TH ST. W. #83 1.3 STREET ADDRESS STREET ADDRESS BRADENTON FL 1.4 City - ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition HAYASHI, NOBUYUKI NAME 2.2 NAME 2650 WOOD GATE LANE STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 2. 4 City-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE HAYASHI, NOBOYUKI 3.2 NAME NAME 2650 WOOD GATE LANE STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MASAKO, UCHIDA NAME 4. 2 NAME 4066 CROCKERS LAKE BLVD #218 4.3 STREET ADDRESS STREET ADDRESS SARASOTA FL City-St-ZIP 4.4 CITY - ST-ZIP DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE MAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

UCHIDA *lakoto*

6/13/98 941-924-2800

FILED

Jan 22 1998 8:00am

Secretary of State