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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037193 (4)

TOWA INTERNATIONAL, CORP.

Principal Place of Business Mailing Address 780 N.W. 42ND AVENUE 780 N.W. 42ND AVENUE 4617 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 04/25/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 68-0747883 Not Applicable Suite, Apt #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 🔀 Yes □ No 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAKAYAMA, YUNO 13603 MARINA POINTE DR. Street Address (P.O. Box Number is Not Acceptable) **B2** APT#A-521 83 MARINA FL

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 Ekaida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

City

SIGNATURE Algorithms, typed or present care in the quite test repeat and bits if apply cable. (NOTE Begistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE TITLE 1.1 TITLE TAKAYAMA, YUNO 12 NAME NAME 13603 MARINA POINTE DR APT A-521 STREET ADDRESS 13 STREET ADDRESS MARINA DEL REY CA 90292 14 CHY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition Change TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-S1-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE Change 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 C(1Y-ST-Z)P CITY-ST-ZIP DELFTE TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 trustice 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:

uno

FILED

Feb 25 1998 8:00am

Secretary of State