**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90134 036 \*\*\*150.00

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9800001308

<ol> <li>Corporatio</li> </ol>		,00,000							
WAKUN	aga of America Co., Lt	D.				}			
								<b>e</b> l 1 <b>151  </b> 1511	<b>14(1)</b> i <b>6</b> () (11)
Principal Place of Business Mailing Address									
23501 MADERO ROAD MISSION VIEJO CA 92691  MISSION VIEJO CA 92691						j·			
						DO NOT WE	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifer	j t		
						03/09/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				99-0148524			ot Applicable
Suite, Apt. #, etc.			c.			5. Certifcate of Status Desired			Additional
22		27						Fee Re	<del>_</del>
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00 Added 1	May Be
Zip	Country	<b>28</b> Zip	Co	untry		Trust Fund Contribution  8. This corporation owes the cu	eront word Inter		10 1668
24			30	¬ ·		Personal Property Tax.			X∷No
24	9. Name and Address of Curre		[30]	$\top$		10. Name and Address of New	Registered A	gent	
				81	Name				
NRAI SERVICES, INC.			82	Street	Address (P.O. Box Number is Not Accept	stable)			
526 E. PARK AVENUE				- Dueet	Address (1.0. Box 14dinber is Not Accep				
TALI	AHASSEE FL 32301			83					
				84	City			85 Zip (	Code
				1 1			<u> </u>		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida	Statutes, the	above	e-named	corporation submits this statement for the oration's board of directors. I hereby according to the corporation of the corporati	e purpose of ch ept the appoint	nanging its ment as re	registered aistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.050	5, Florida Sta	itutes.		oranging grant or an orange in marcon and	Apr 11.0 app 11.1.1.		<b>3</b>
SIGNATURE			******				NATE		
12.	Signature, typed or printed name of registered ag	AND DIRECTORS	(NOTE: Registere		t signature r	required when reinstating)  ADDITIONS/CHANGES TO O	DATE FFICERS AND	DIRECTO	ORS IN 12
TITLE	PTD	☐ DELE		TITLE		1		☐ Change	Addition
NAME			1.2 NAME		į				
STREET ADDRESS			1.3 STREET ADDRESS						
CITY-ST-ZIP	MODIONI METO OF		1.4 CITY-ST-ZIP						
TITLE			2.1 TITLE		CSD	7	Change	Addition	
NAME	TSUTSUSE, GEORGE 221		2.2 NAME						
STREET ADDRESS	s 23501 MADERO ROAD 23:		STREET	ADDRESS					
CITY-ST-ZIP	MISSION VIEJO CA			CITY-S	T-ZIP				
TITLE	D	☐ DELE	TE 3.1	TITLE				☐ Change	Addition
NAME	IKEHARA, YOSHIO		3.2	NAME					İ
STREET ADDRESS	23501 MADERO ROAD		3.3	STREET	ADORESS				
CITY-ST-ZIP	MISSION VIEJO CA			CITY-S	T-ZiP	<u> </u>	<del></del>	Change	Addition
TITLE	CD	☐ DELE		TITLE		D	2	1 Change	L.J Addition
NAME	KUSAI, YOSHIHIRO			NAME		}			
STREET ADDRESS	23501 MADERO ROAD				ADDRESS				
CITY-ST-ZIP	MISSION VIEJO CA	☐ DELE		CITY-SI	1-ZIP	D		☐ Change	★ Addition
TITLE NAME					D FUWA, TORU	'		Pt-	
STREET ADDRESS					ADDRESS	23501 MADERO ROA	ח		
CITY-ST-ZIP				CITY-ST		MISSION VIEJO, C		1	İ
TITLE		DELE	TE 6.1	TITLE		MINDION VINDOP C	<u>a_7407</u>	☐ Change	Addition
NAME			6.21	NAME		1		-	1

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: -

STREET ADDRESS

ATHER AND TYPES OF PRINTED HAMPING CONTROL OF

MITSURU TAKIURA

6.3 STREET ADDRESS

04/29/99

949-855**-**2776