	PROFIT ORPORATION INUAL REPORT <b>1996</b>			A DEPARTMEI Sandra B. Mo Secretary of S ION OF CORP	rtham State						
	UMENT # 1	10858	(8	3)							
H, K	(OBAYASHI COMPAN	NY, INC.					1 10 <b>0</b> 101 10101 01011 01		(ÊI) <u>(</u>  a)( 0)a	) Bibii Bibii	Deute Diali (10)
incipal Pi	ace of Business		Mailing Address								
	3RD AVE ERDALE FL 33304		712 N E 3RD A Ft lauderdal				3. Date Incorporated o	r Oualitied	30 Data	of Last R	anot
Dissing				<u></u>			07/19/1926	r Quaimed		1/13/199	95
гапсара	al Place of Business		2a. Mailing Addre	SS			4, FEI Number 59-0639081				Applied For Not Applicable
Suite, A	Apt. #, etc.		Suite, Apt. #,	etc.			5. Certificate of Status	Desired		•	Additional
City & S	state		City & State	·			6, Election Campaign F	inancing			Required O May Be
<b>Z</b> ip	Country		28 Zip		Country		Trust Fund Contribut 8. This corporation has				d to Fees
	25		29	30			Florida Statutes	🛛 🗙 Yes	No	۰.	199.032,
	9. Name and Addre	ss of Current F	Registered Agent	<u> </u>	81	Name	10. Name and Address	s of New R	egistered /	Agent	
	AYASHI, TAMOTSU				82	Street Addr	ess (P.O. Box Number is No	ot Acceptab	le)		·
	SE 13TH ST								,		•
		•			02						
FORT	LAUDERDALE FL 3331	6			83						
			nd 607.1508. Florida	Statutes, the	64	City amed corpor	ation submits this statement	t for the pur	FL		o Code
. Pursua or regis	ant to the provisions of Sactic istered agent, or both, in the r with, and accept the obliga RE	ons 607.0502 ar State of Florida. tions of, Section	1 607.0505, Fiorida 5	statutes.	<b>B4</b> above na ne corpo	amed corpor ration's boar		t for the pur opt the appo	pose of cha bintment as		
. Pursua or regio familiar 3NATUR	ant to the provisions of Sectic istered agent, or both, in the r with, and accept the obliga RE Signature, typed or printed name o O	ons 607.0502 ar State of Florida. tions of, Section	t the it applicable DIRECTORS	(NOTE Regist	<b>B4</b> above na ne corpo	amed corpor ration's boar	ation submits this statement of directors. I hereby acco dwise reinstany ADDITIONS/CHANG	• • • • • • • • • • • • • • • • • • • •	pose of cha bintment as	inging its r registered	egistered office agent. I am 
. Pursua or regis familiar 3NATUR	ant to the provisions of Sectic istered agent, or both, in the r with, and accept the obliga RE Signature, typed or printed name of <b>TD</b>	ons 607,0502 an State of Florida. tions of, Section etrogistered agent and FFICERS AND D	t the it applicable	(NOTE: Regist (NOTE: Regist 1 1 1 1	B4 above ma ne corpo	amed corpor ration's boar	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	Date CERS AND	inging its r registered	egistered offici agent. I am
Fursua or regis familiar SNATUR SNATUR	ant to the provisions of Secti istered agent, or both, in the r with, and accept the obliga RE Sgnature, typed or printed name of O TD KOBAYASHI, TAM	ons 607,0502 ar State of Florida, tions of, Section of rugistered agent and IFFICERS AND D	t the it applicable DIRECTORS	(NOTE: Regist (NOTE: Regist 1 1 1 1 1 1	84 above na ne corpo ered Agunt 3.	amed corpor ration's boar signature requires	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	Date CERS AND	nging its r registered DIRECTO	egistered office agent. I am 
. Pursua or regis familiar BNATURI BNATURI F F F AL EET ADDRES Y-SI-ZIP	ant to the provisions of Sections istered agent, or both, in the r with, and accept the obliga Sgruture, typed or printed name of O TD KOBAYASHI, TAM 314 SE 13 STREE FORT LAUDERDAL	ons 607.0502 ar State of Florida. tions of, Section of rugistered agent and IFFICERS AND E OTSU	title if applicable DIRECTORS	(NOTE: Regist IL IE 1 1 1 1 1 1	B4 above-na ne corpo 3. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST	amed corpor ration's boar signature require	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	Date CERS AND	nging its r registered DIRECTO	egistered office agent. I am 
Pursua or regis familiar BNATURI F f f LEET ADDRES f - SI - ZIP F	ant to the provisions of Sections istered agent, or both, in the r with, and accept the obliga Signature, typed or printed name of O TD KOBAYASHI, TAM SI4 SE 13 STREE FORT LAUDERDAL S	ons 607,0502 ar State of Florida. tions of, Section of rugistered agent and IFFICERS AND D OTSU T LE FL	t the it applicable DIRECTORS	(NOTE Regist (NOTE Regist 1 1 1 1 1 1 1 1 1 1 2	B4 above-na be corpo 3. 1 TITLE 2 NAME 3 STREET A 4 C(TY-ST 1 TITLE	amed corpor ration's boar signature require	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	Dose of cha Dintment as DATE CERS AND	nging its r registered DIRECTO	egistered office agent. I am 
Pursua or regis familiar RNATUR F F EET ADDRES (-SI-ZIP F F	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga E Signature, typed or printed name of O TD KOBAYASHI, TAM S S KOBAYASHI, TAM	ons 607,0502 ar State of Florida. tions of, Section of rugistered agent and IFFICERS AND D OTSU T LE FL	title if applicable DIRECTORS	NOTE         Regist           1         1           1         1           1         1           1         2           2         2	B4 above-na ne corpo 3. 1 TITLE 2 NAME 3 STREET A 4 CITY-ST	amed corpor ration's boar signature required boaress - ZIP	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	Dose of cha Dintment as DATE CERS AND	DIRECTO	egistered office agent. I am RS IN 12 Addition
Pursua or regis familiar BNATURI F AE EET ADDRES V-SI-ZIP F AE EFT ADDRES V-SI-ZIP	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Signature, typed or printed name of TD KOBAYASHI, TAM 314 SE 13 STREE FORT LAUDERDAI S KOBAYASHI, TAM 314 SE 13 ST FORT LAUDERDAI	ons 607.0502 ar State of Florida. titions of, Section of rug-tered agent and FFICERS AND E OTSU T LE FL OTSU	DIRECTORS	(NOTE Regist (NOTE Regist 1 1 1 1 1 1 1 1 1 2 2 2 2	B4 above na ne corpo 3. 1 Tritle 2 NAME 3 STREET A 4 C(TY - ST 1 Tritle 2 NAME 3 STREET A 4 C(TY - ST	amed corpor ration's boar signature require ADDRESS	d when reinstating)		Dose of cha Dintment as DATE CERS AND	DIRECTO	egistered office agent. I am RS IN 12 Addition
. Pursua or regis familiar SNATURI	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Signature, typed or printed name of TD KOBAYASHI, TAM SI4 SE 13 STREE FORT LAUDERDAI S KOBAYASHI, TAM 314 SE 13 ST FORT LAUDERDAI PD	ons 607.0502 ar State of Florida. titons of, Section of registered agent and FFICERS AND E OTSU IE FL OTSU LE FL	title if applicable DIRECTORS	NOTE         Regist           1         1           1         1           1         1           1         2           2         2           1E         3	B4           above na           ne corpo           3.           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE	amed corpor ration's boar signature require ADDRESS	d when reinstating)		Dose of cha Dintment as DATE CERS AND	DIRECTO	egistered office agent. I am RS IN 12 Addition
Pursua or regis familiar BNATURI F AE EET ADDRES V-SI-ZIP F AE EFT ADDRES V-SI-ZIP	Int to the provisions of Sections istered agent, or both, in the r with, and accept the obliga Signature, typed or printed name of CO TD KOBAYASHI, TAM SS 314 SE 13 STREE FORT LAUDERDAI S KOBAYASHI, TAM S14 SE 13 ST FORT LAUDERDAI PD KOBAYAHSI, KIYO	ons 607.0502 ar State of Florida. titions of, Section of registered agent and FFICERS AND E OTSU IE FL OTSU LE FL DSHI	DIRECTORS	Image: Notest test           Note: Regist           Image: Notest test           Image: Notest test	B4 above na ne corpo 3. 1 Tritle 2 NAME 3 STREET A 4 C(TY - ST 1 Tritle 2 NAME 3 STREET A 4 C(TY - ST	ADDRESS	d when reinstating)		Dose of cha Dintment as DATE CERS AND	Inging its r registered DIRECTO Change	egistered office agent. I am RS IN 12 Addition
Fursua or regis familiar SNATURI F //E EET ADDRES /-ST-ZIP E ET ADDRES /-ST-ZIP E EET ADDRES (-ST-ZIP	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Signature, typed or printee name of TD KOBAYASHI, TAM SS 314 SE 13 STREE FORT LAUDERDAI S KOBAYASHI, TAM 314 SE 13 ST FORT LAUDERDAI PD KOBAYAHSI, KIYO	ons 607.0502 ar State of Florida. titons of, Section of registered agent and FFICERS AND E OTSU T LE FL OTSU LE FL OTSU	DIRECTORS	(NOTE Regist IE 1 1E 1 1 1 1 1 1 1 1 1 1 1 1 2 2 2 1 2 1 3 3 3 3 3 3	B4           above name           ne corpo           3.           1 TITLE           2 NAME           3 STREET A           4 C(TY - ST           1 TITLE           2 NAME           3 STREET A           4 C(TY - ST           1 TITLE           2 NAME           3 STREET A           4 C(TY - ST           1 TITLE           2 NAME           2 NAME	ADDRESS	d when reinstating)		Dose of cha Dintment as DATE CERS AND	Inging its r registered DIRECTO Change	egistered office agent. I am RS IN 12 Addition
Fursua or regis familiar     SNATUR F F AE EFT ADDRES Y-ST-ZIP F AE EFT ADDRES (-ST-ZIP F EEL ADDRES (-ST-ZIP F	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Signature, typed or printed name of TD KOBAYASHI, TAM SS 314 SE 13 STREE FORT LAUDERDAI S KOBAYASHI, TAM SS 314 SE 13 ST FORT LAUDERDAI PD KOBAYAHSI, KIYO SS 712 NE 3RD AVEN	ons 607.0502 ar State of Florida. titons of, Section of registered agent and FFICERS AND E OTSU T LE FL OTSU LE FL OTSU	DIRECTORS	NOTE         Regist           1         1           1         1           1         1           1         2           2         2           1E         3           3         3           1E         4	B4           above name           ne corpo           3.           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           1 TITLE	ADDRESS	d when reinstating)		pose of cha pintment as DATE CERS AND C	Inging its r registered DIRECTO Change	egistered office agent. I am RS IN 12 Addition
Pursua or regis familiar BNATUR F A E E ADDRES (-SI-ZIP E E E ADDRES (-SI-ZIP E E E ADDRES (-SI-ZIP E E E E ADDRES (-SI-ZIP E	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Signature, typed or printed name of CO TD KOBAYASHI, TAM SS 314 SE 13 STREE FORT LAUDERDAI S KOBAYASHI, TAM S S S FORT LAUDERDAI PD KOBAYAHSI, KIYO SS 712 NE 3RD AVEN FORT LAUDERDAI	ons 607.0502 ar State of Florida. titons of, Section of registered agent and FFICERS AND E OTSU T LE FL OTSU LE FL OTSU	DIRECTORS	NOTE         Regist           1         1           1         1           1         1           1         2           2         2           1E         3           3         3           1FE         4	B4           above me corpo           3.           1 TiTLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME	ADDRESS -ZIP ADDRESS -ZIP	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	pose of cha pintment as DATE CERS AND C	DIRECTO Change Change Change	egistered office agent. I am RS IN 12 Addition
Pursua or regis familiar SNATUR F F EET ADDRES (-SI-ZIP F EET ADDRES (-SI-ZIP F EET ADDRES (-SI-ZIP F EET ADDRES EET ADDRES	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Signature, typed or printed name of CO TD KOBAYASHI, TAM SS 314 SE 13 STREE FORT LAUDERDAI S KOBAYASHI, TAM S S S FORT LAUDERDAI PD KOBAYAHSI, KIYO SS 712 NE 3RD AVEN FORT LAUDERDAI	ons 607.0502 ar State of Florida. titons of, Section of registered agent and FFICERS AND E OTSU T LE FL OTSU LE FL OTSU	DIRECTORS	INOTE         Regist           INOTE         Regist           IE         1           IE         1           IE         2           IE         2           IE         3           IE         3           IE         4           4         4	B4           above name           ne corpo           3.           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           1 TITLE	ADDRESS	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	pose of cha pintment as DATE CERS AND C	DIRECTO Change Change Change	egistered office agent. I am RS IN 12 Addition
Pursua or regis familiar SNATUR F A E E E E E ADDRES (-SI-ZIP F E E E E ADDRES (-SI-ZIP F E	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Signature, typed or printed name of CO TD KOBAYASHI, TAM SS 314 SE 13 STREE FORT LAUDERDAI S KOBAYASHI, TAM S S S FORT LAUDERDAI PD KOBAYAHSI, KIYO SS 712 NE 3RD AVEN FORT LAUDERDAI	ons 607.0502 ar State of Florida. titons of, Section of registered agent and FFICERS AND E OTSU T LE FL OTSU LE FL OTSU	DIRECTORS	NOTE         Regist           1         1           1         1           1         1           1         2           2         2           1         2           1         2           1         3           3         3           1         4           4         4           1         5	B4           above me corpo           3.           1 TiTLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STHEET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE	ADDRESS	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	Dose of cha Dintment as DATE CERS AND E	DIRECTO Change Change Change	egistered office agent. I am RS IN 12 Addition
Pursua or regis familiar     SNATUR     F     A     E     E     A     E     E     A     C     SI-2IP     F     A     E     E     A     D     A     E     E     A     D     A     E     E     A     D     A     E     E     A     D     A     E     E     A     D     A     E     E     A     D     A     E     E     A     D     A     E     E     A     D     A     E     E     A     D     A     E     E     A     A     C     S     S	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Sector of the obligation of the obligatio	ons 607.0502 ar State of Florida. titons of, Section of registered agent and FFICERS AND E OTSU T LE FL OTSU LE FL OTSU	DIRECTORS	INOTE         Registrest           INOTE         Registrest           IE         1           IE         1           IE         2           IE         2           IE         3           IE         3           IE         3           IE         3           IE         4           IE         5	B4 above na ne corpo 3. 1 Title 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME	ADDRESS - ZIP - DDRESS - ZIP - DDRESS - ZIP - DDRESS - ZIP	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	Dose of cha Dintment as DATE CERS AND E	URECTO Change Change Change Change	egistered office agent. I am RS IN 12 Addition Addition
Pursua or regis familiar     SNATUB     SNATUB     SNATUB     F     AE     EET ADDRES     Y-ST-ZIP     F     EET ADDRES     (-ST-ZIP     F     EET ADDRES     (-ST-ZIP     F     EET ADDRES     (-ST-ZIP     F     EET ADDRES     (-ST-ZIP     F	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Sector of the obligation of the obligatio	ons 607.0502 ar State of Florida. titons of, Section of registered agent and FFICERS AND E OTSU T LE FL OTSU LE FL OTSU	DIRECTORS	INOTE         Regist           INOTE         Regist           IE         1           IE         1           IE         2           IE         2           IE         3           IE         3           IE         3           IE         4           IE         5           5         5	B4           above name corport           3.           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A	ADDRESS	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	Dose of cha Dintment as DATE CERS AND E	URECTO Change Change Change Change	egistered office agent. I am RS IN 12 Addition Addition
Pursua or regis familiar SNATUR F A EET ADDRES (-ST-ZIP F EET ADDRES (-ST-ZIP) F	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Sector of the obligation of the obligatio	ons 607.0502 ar State of Florida. titons of, Section of registered agent and FFICERS AND E OTSU T LE FL OTSU LE FL OTSU	DIRECTORS	INOTE         Regist           INOTE         1           IE         1           IE         2           IE         2           IE         3           IE         3           IE         3           IE         4           IE         5           5         5	B4 above na ne corpo 3. 1 Title 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME	ADDRESS	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	pose of cha bintment as CERS AND CERS AND CERS AND	URECTO Change Change Change Change	egistered office agent. I am RS IN 12 Addition Addition
Fursua or regis familiar SNATUB F A E E E E E A E E E A E E A C S - - S - - - - S -	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Signature, typed or printed name of CO TD KOBAYASHI, TAM 314 SE 13 STREE FORT LAUDERDAI S KOBAYASHI, TAM 314 SE 13 ST FORT LAUDERDAI PD KOBAYAHSI, KIYO SS 712 NE 3RD AVEN FORT LAUDERDAI SS SS	ons 607.0502 ar State of Florida. titons of, Section of registered agent and FFICERS AND E OTSU T LE FL OTSU LE FL OTSU	DELET	Image: Register interview         1           IE         1           IE         1           IE         2           IE         2           IE         3           IE         3           IE         3           IE         4           IE         5           IE         5           IE         6	B4           above-name corport           above-name corport           3.           1 TITLE           2 NAME           3 STREET A           4 CITY-ST           1 TITLE           2 NAME           3 STREET A           4 CITY-ST           1 TITLE           2 NAME           3 STREET A           4 CITY-ST           1 TITLE           2 NAME           3 STREET A           4 CITY-ST           1 TITLE           2 NAME           3 STREET A           4 CITY-ST           1 TITLE           2 NAME           3 STREET A           4 CITY-ST           1 TITLE           2 NAME           3 STREET A           4 CITY-ST           1 TITLE           2 NAME           2 NAME	ADDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	pose of cha bintment as CERS AND CERS AND CERS AND	Vriging its r registered  DIRECTO Change Change Change Change Change Change Change	egistered office agent. I am RS IN 12 Addition Addition
Fursua or regis familiar SNATUR F A E E E E A E E A E E A C E A C	ant to the provisions of Sections stered agent, or both, in the r with, and accept the obliga Signature, typed or printed name of CO TD KOBAYASHI, TAM 314 SE 13 STREE FORT LAUDERDAI S KOBAYASHI, TAM 314 SE 13 ST FORT LAUDERDAI PD KOBAYAHSI, KIYO SS 712 NE 3RD AVEN FORT LAUDERDAI SS SS	ons 607.0502 ar State of Florida. titons of, Section of registered agent and FFICERS AND E OTSU T LE FL OTSU LE FL OTSU	DELET	Ite         1           1         1           1         1           1         1           1         1           1         1           1         2           2         2           1         2           1         2           1         1           1         1           1         2           2         2           1         2           1         2           1         2           1         3           3         3           1         5           5         5           1         5           1         5           1         5           1         5           1         5           1         6	B4           above name corport           3.           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE           2 NAME           3 STREET A           4 CITY - ST           1 TITLE	ADDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP DDRESS -ZIP	d when reinstating)	• • • • • • • • • • • • • • • • • • • •	pose of cha bintment as CERS AND CERS AND CERS AND	Vriging its r registered  DIRECTO Change Change Change Change Change Change Change	egistered office agent. I am RS IN 12 Addition Addition

SIGNATURE: Jamolan Klayach'

4-11-96 954-764-5411 Date Date Date Date Date