

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhami  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 483043 (6)**

1. Corporation Name  
**HOKUSAN INTERNATIONAL USA, INC.**



Principal Place of Business  
**1590 NW 159TH ST  
MIAMI FL 33169**

Mailing Address  
**1590 NW 159TH ST  
MIAMI FL 33169**

3. Date Incorporated or Qualified **08/19/1975** 3a. Date of Last Report **04/06/1995**

2. Principal Place of Business  
21 Suite, Apt. #, etc.

22 City & State

23 Zip 25 Country

24 26 27 28 29 30

4. FEI Number **59-1631707** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**WHITTELSEY, DANIEL C.  
1590 NW 159TH STREET  
MIAMI FL 33169**

**10. Name and Address of New Registered Agent**

81 Name **Patrick Barthet**  
82 Street Address (P.O. Box Number is Not Acceptable) **200 S. Biscayne Blvd, Suite 2120**  
83  
84 City **Miami** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE *[Signature]* **Patrick C. Barthet** 4/30/96 (date)

**12. OFFICERS AND DIRECTORS**

|                 |                             |                                 |
|-----------------|-----------------------------|---------------------------------|
| TITLE           | <b>PTD</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>GOSHIMA, SADAO</b>       |                                 |
| STREET ADDRESS  | <b>1590 NW 159TH STREET</b> |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |                                 |
| TITLE           | <b>VPS</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>HISASHI, TOMIBE</b>      |                                 |
| STREET ADDRESS  | <b>1590 NW 159TH STREET</b> |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |                                 |
| TITLE           | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>SHINICHI, OYAMA</b>      |                                 |
| STREET ADDRESS  | <b>1590 NW 159TH STREET</b> |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |                                 |
| TITLE           | <b>DS</b>                   | <input type="checkbox"/> DELETE |
| NAME            | <b>WHITTELSEY, THOMAS F</b> |                                 |
| STREET ADDRESS  | <b>1590 NW 159TH STREET</b> |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>             |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |  |
|--------------------|--|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |  |
| 13 STREET ADDRESS  |  |
| 14 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 21 TITLE           |  |
| 22 NAME            |  |
| 23 STREET ADDRESS  |  |
| 24 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |  |
| 33 STREET ADDRESS  |  |
| 34 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 41 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            | <b>S</b>   |
| 43 STREET ADDRESS  |  |
| 44 CITY - ST - ZIP |  |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |  |
| 53 STREET ADDRESS  |  |
| 54 CITY - ST - ZIP |  |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |  |
| 63 STREET ADDRESS  |  |
| 64 CITY - ST - ZIP |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/26/96 305-621-4242

CR2E034 (12/95)