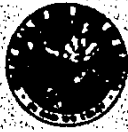


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 2:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F53762

(3)

1. Corporation Name

CORE INTERNATIONAL, INC.

Principal Place of Business

**7171 N. FEDERAL HWY.
BOCA RATON FL 33487**

Mailing Address

**7171 N. FEDERAL HWY.
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/16/1981

3a. Date of Last Report

06/21/1994

2. Principal Place of Business

21 6500 EAST ROGERS CIRCLE

Suite, Apt. #, etc.

2a. Mailing Address

26 6500 EAST ROGERS CIRCLE

Suite, Apt. #, etc.

4. FEI Number

59-2137829

Applied For

☐ Not Applicable

22

City & State

23 BOCA RATON, FL

Zip

24 33487

Country

City & State

28 BOCA RATON, FL

Zip

29 33487

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROSE, SCOTT M
7171 N. FEDERAL HWY.
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6500 EAST ROGERS CIRCLE

83

84 City **BOCA RATON**

FL

85 Zip Code
33487

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CDPS**
NAME **TAKAZAWA, MAKOTO**
STREET ADDRESS **7171 NORTH FEDERAL HIGHWAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VD**
NAME **SMITH, GERALD**
STREET ADDRESS **7171 N FEDERAL HWY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D**
NAME **KOJIMOTO, HIROSHI**
STREET ADDRESS **1-2-11 KENOHATA**
CITY-ST-ZIP **TATO-KU TO JA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**6500 EAST ROGERS CIRCLE
BOCA RATON, FL 33487**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**6500 EAST ROGERS CIRCLE
BOCA RATON, FL 33487**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D
HASHIMOTO, KOICHI
11-7 HIGASHINAKANO 1-CHOME
NAKANO-KU, TOKYO

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Michael E. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

DATE

Daytime Phone #