

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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F53762 (3)

1. Corporation Name
AWA DATA PRODUCTS SERVICES, INC.

Principal Place of Business 6500 EAST ROGERS CIRCLE BOCA RATON FL 33487 US	Mailing Address 6500 EAST ROGERS CIRCLE BOCA RATON FL 33487-2655 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. # etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 11/16/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2137820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	TAKAZAWA, MAKOTO
STREET ADDRESS	1-2-11 IKENOHATA, TAITO-KU
CITY - ST - ZIP	TOKYO, JAPAN FL
TITLE	P <input type="checkbox"/> DELETE
NAME	CECERE, TONY
STREET ADDRESS	6500 EAST ROGERS CIRCLE
CITY - ST - ZIP	BOCA RATON FL 33487
TITLE	V <input type="checkbox"/> DELETE
NAME	DEIERLEIN, GARY
STREET ADDRESS	6500 EAST ROGERS CIRCLE
CITY - ST - ZIP	BOCA RATON FL 33487
TITLE	D <input type="checkbox"/> DELETE
NAME	HASHIMOTO, KOICHI
STREET ADDRESS	1-2-11 IKENOHATA, TAITO -KU
CITY - ST - ZIP	TOKYO JA
TITLE	D <input type="checkbox"/> DELETE
NAME	YAMAMOTO, YUKIO
STREET ADDRESS	800 CORPORATE DR.
CITY - ST - ZIP	MAHWAH NJ 07430
TITLE	D <input type="checkbox"/> DELETE
NAME	ISHII, YOSHIKAZU
STREET ADDRESS	800 CORPORATE DRIVE
CITY - ST - ZIP	MAHWAH NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TAKASHI SHIMADA
1.3 STREET ADDRESS	6500 E. ROGERS CIRCLE
1.4 CITY - ST - ZIP	BOCA RATON, FL 33487
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)