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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

DOCUMENT # F53762 (3)

1. Corporation Name  
AIWA 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

3. Date Incorporated or Qualified 11/16/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2137820	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CECERE, TONY 6500 EAST ROGERS CIRCLE BOCA RATON FL 33487		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR
NAME	TAKAZAWA, MAKOTO	1.2 NAME	TAKASHI SHIMADA
STREET ADDRESS	1-2-11 IKENOHATA, TAITO-KU	1.3 STREET ADDRESS	6500 E. ROGERS CIRCLE
CITY-ST-ZIP	TOKYO, JAPAN FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	P	2.1 TITLE	
NAME	CECERE, TONY	2.2 NAME	
STREET ADDRESS	6500 EAST ROGERS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	DEIERLEIN, GARY	3.2 NAME	
STREET ADDRESS	6500 EAST ROGERS CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HASHIMOTO, KOICHI	4.2 NAME	
STREET ADDRESS	1-2-11 IKENOHATA, TAITO-KU	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOKYO JA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	YAMAMOTO, YUKIO	5.2 NAME	
STREET ADDRESS	800 CORPORATE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ 07430	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ISHII, YOSHIKAZU	6.2 NAME	
STREET ADDRESS	800 CORPORATE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	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)