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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **F94000000194 (0)**

1. Corporation Name

**MOMOKAWA SAKE, LTD., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 920 ELM STREET<br>FOREST GROVE OR 97116 | 920 ELM STREET<br>FOREST GROVE OR 97116 |

3. Date Incorporated or Qualified: 01/14/1994

3a. Date of Last Report: 03/14/1995

4. FEI Number: 93-1075146 ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 Suite, Apt. #, etc.: 820 ELM STREET | 26 Suite, Apt. #, etc.: 820 ELM STREET |
| 22 | 27 |
| 23 City & State: FOREST GROVE, OR | 28 City & State: FOREST GROVE, OR |
| 24 Zip: 97116 25 Country: USA | 29 Zip: 97116 30 Country: USA |

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent's signature required when name changed) (DATE)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | MURAI, TOHRU | | 1.2 NAME | MURAI, TOHRU | |
| STREET ADDRESS | 920 ELM ST. | | 1.3 STREET ADDRESS | 820 ELM STREET | |
| CITY-ST-ZIP | FOREST GROVE OR 97116 | | 1.4 CITY-ST-ZIP | FOREST GROVE, OR 97116 | |
| TITLE | P | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FROST, GRIFFITH D | | 2.2 NAME | | |
| STREET ADDRESS | 2138 17TH AVE. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FOREST GROVE OR 97116 | | 2.4 CITY-ST-ZIP | | |
| TITLE | ST | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FROST, DAVID G | | 3.2 NAME | | |
| STREET ADDRESS | 1191 NE 3RD AVE. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HILLSBORO OR 97124 | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TRAPP, LENNY L | | 4.2 NAME | | |
| STREET ADDRESS | 1900 B S. ALPINE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORNELIUS OR 97113 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | PRODUCTION OFFICER | ☐ Change ☒ Addition |
| NAME | | | 5.2 NAME | TOMIO AKUTSU | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 820 ELM STREET | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | FOREST GROVE, OR 97116 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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:** LENNY TRAPP 1/25/96 503-359-7056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #