

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000194 (0)

1. Corporation Name
MOMOKAWA SAKE, LTD., INC.

Principal Place of Business

820 ELM ST
FOREST GROVE OR 97116
US

Mailing Address

820 ELM ST
FOREST GROVE OR 97116
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ 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

Country

28

Zip

Country

24

25

29

30

g. 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

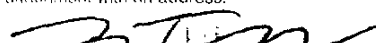
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURAI, TOHRU	
STREET ADDRESS	820 ELM ST-	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FROST, GRIFFITH D	
STREET ADDRESS	2138 17TH AVE-	
CITY-ST-ZIP	FOREST GROVE OR 97118	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FROST, DAVID G	
STREET ADDRESS	1191 NE 3RD AVE.	
CITY-ST-ZIP	HILLSBORO OR 97124	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TRAPP, LENNY L	
STREET ADDRESS	4300 S. S. ALPINE	
CITY-ST-ZIP	CORNELIUS OR 97113	
TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	AKUTSY, TOMIO	
STREET ADDRESS	820 ELM ST	
CITY-ST-ZIP	FOREST GROVE OR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KOIZUMI, YOSHIO	
1.3 STREET ADDRESS	112 KAMIAKEDO, MOMOISHI-MACHI	
1.4 CITY-ST-ZIP	AMORI-KEN, JAPAN 031	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MURAI, TOHRU	
2.3 STREET ADDRESS	1 SUSAN-MCHIMACHI	
2.4 CITY-ST-ZIP	HACHINOHE, ADMORI 031 JAPAN	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NISHIIRI, SHIGEO	
3.3 STREET ADDRESS	1 SUSAN-NICHIMACHI	
3.4 CITY-ST-ZIP	HACHINOHE, ADMORI 031 JAPAN	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MILLER, DONALD	
4.3 STREET ADDRESS	574 SE 28TH PLACE	
4.4 CITY-ST-ZIP	HILLSBORO, OR 97123	
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FROST GRIFFITH	
5.3 STREET ADDRESS	2258 NE JAMIE DRIVE	
5.4 CITY-ST-ZIP	HILLSBORO, OR 97124	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TRAPP, LENNY	
6.3 STREET ADDRESS	6115 SE MAPLE STREET	
6.4 CITY-ST-ZIP	HILLSBORO, OR 97123	

14. I 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:



1/18/98

5033577056

CR2E034 (10/97)