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CORPORATION ANNUAL REPORT 1995

STATE OF FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11: 36

DOCUMENT # F94000000751 (7)

1. Corporation Name
AMEPLAZA, INC.

Principal Place of Business	Mailing Address
610 NEWPORT CENTER DR SUITE 1100 NEWPORT BEACH CA 92660	610 NEWPORT CENTER DR SUITE 1100 NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 18101 Von Karman	2a. Mailing Address: 26 18101 Von Karman
Suite, Apt. #, etc.: 22 Suite 650	Suite, Apt. #, etc.: 27 Suite 650
City & State: 23 Irvine, CA	City & State: 28 Irvine, CA
Zip: 24 92715 — Country: 25 USA	Zip: 29 92715 — Country: 30 USA

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report:
4. FEI Number: 33-0336361 ☐ 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

9. **Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

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	CP
NAME	KUWATA, SOICHI
STREET ADDRESS	5-2 OSAKI 3-CHOME, SHINAGAWA-KU
CITY-ST-ZIP	TOKYO, JAPAN
TITLE	VCS
NAME	HAKAMA, AKIYOSHI
STREET ADDRESS	610 NEWPORT CENTER DR, SUITE 1100
CITY-ST-ZIP	NEWPORT BEACH CA
TITLE	TD
NAME	ASAMI, TAKESHI
STREET ADDRESS	610 NEWPORT CENTER DR, SUITE 1100
CITY-ST-ZIP	NEWPORT BEACH CA
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**

11 TITLE	P/C	☒ Change ☐ Addition
12 NAME	Kuwata, Soichi	
13 STREET ADDRESS	5-2 Osaki 3-chome, Shinagawa-ku	
14 CITY-ST-ZIP	Tokyo, Japan 141	
21 TITLE	V/S/D	☒ Change ☐ Addition
22 NAME	Ishikawa, Toshio	
23 STREET ADDRESS	18101 Von Karman, Suite 650	
24 CITY-ST-ZIP	Irvine, CA 92715	
31 TITLE	T/D	☒ Change ☐ Addition
32 NAME	Hayashi, Eri	
33 STREET ADDRESS	18101 Von Karman, Suite 650	
34 CITY-ST-ZIP	Irvine, CA 92715	
41 TITLE	V	☒ Change ☐ Addition
42 NAME	Asami, Takeshi	
43 STREET ADDRESS	18101 Von Karman, Suite 650	
44 CITY-ST-ZIP	Irvine, CA 92715	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(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: Toshio Ishikawa X [signature] — February 14, 1995 (714) 660-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Secretary, Sr. Vice President, Director

0402331 FP