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 # **F94000000751 (7)**

1. Corporation Name

AMEPLAZA, INC.

Principal Place of Business	Mailing Address
18101 VON KARMAN SUITE 650 IRVINE CA 92715 US	18101 VON KARMAN SUITE 650 IRVINE CA 92715 US

3. Date Incorporated or Qualified: **02/16/1994**	3a. Date of Last Report: **02/21/1995**
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	

2. Principal Place of Business — 2a. Mailing Address

21 — 26

Suite, Apt. #, etc. — 22 — 27

City & State — 23 — 28

Zip — 24 — Country — 25 — 29 — 30

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	KUWATA, SOICHI		1 NAME	
STREET ADDRESS	5-2 OSAKI 3-CHOME, SHINAGAWA-KU		1 STREET ADDRESS	
CITY-ST-ZIP	TOKYO, JAPAN		1 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	ISHIKAWA, TOSHIO		2 NAME	
STREET ADDRESS	18101 VON KARMAN, SUITE 650		2 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA		2 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	HAYASHI, ERI		3 NAME	
STREET ADDRESS	18101 VON KARMAN, SUITE 650		3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA		3 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	ASAMI, TAKESHI		4 NAME	
STREET ADDRESS	18101 VON KARMAN, SUITE 650		4 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA		4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, complete and accurately 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 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 with an asterisk, or otherwise associated with an address.

SIGNATURE: TOSHIO ISHIKAWA 4/9/96 714-660-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)