

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

FILED

Apr 22 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 # F94000000751 (7)

1. Corporation Name  
AMEPLAZA, INC.

Principal Place of Business

18101 VON KARMAN  
SUITE 650  
IRVINE CA 92715  
US

Mailing Address

18101 VON KARMAN  
SUITE 650  
IRVINE CA 92612-1034  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/16/1994

3a. Date of Last Report

04/15/1996

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           | PC                              | <input type="checkbox"/> DELETE |
| NAME            | KUWATA, SOICHI                  |                                 |
| STREET ADDRESS  | 5-2 OSAKI 3-CHOME, SHINAGAWA-KU |                                 |
| CITY - ST - ZIP | TOKYO, JAPAN                    |                                 |
| TITLE           | VSD                             | <input type="checkbox"/> DELETE |
| NAME            | ISHIKAWA, TOSHIO                |                                 |
| STREET ADDRESS  | 18101 VON KARMAN, SUITE 650     |                                 |
| CITY - ST - ZIP | IRVINE CA                       |                                 |
| TITLE           | TD                              | <input type="checkbox"/> DELETE |
| NAME            | HAYASHI, ERI                    |                                 |
| STREET ADDRESS  | 18101 VON KARMAN, SUITE 650     |                                 |
| CITY - ST - ZIP | IRVINE CA                       |                                 |
| TITLE           | V                               | <input type="checkbox"/> DELETE |
| NAME            | ASAMI, TAKESHI                  |                                 |
| STREET ADDRESS  | 18101 VON KARMAN, SUITE 650     |                                 |
| CITY - ST - ZIP | IRVINE CA                       |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |
| TITLE           |                                 | <input type="checkbox"/> DELETE |
| NAME            |                                 |                                 |
| STREET ADDRESS  |                                 |                                 |
| CITY - ST - ZIP |                                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |    |                                                                              |
|---------------------|----|------------------------------------------------------------------------------|
| 1.1 TITLE           | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |    |                                                                              |
| 1.3 STREET ADDRESS  |    |                                                                              |
| 1.4 CITY - ST - ZIP |    |                                                                              |
| 2.1 TITLE           |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |    |                                                                              |
| 2.3 STREET ADDRESS  |    |                                                                              |
| 2.4 CITY - ST - ZIP |    |                                                                              |
| 3.1 TITLE           |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |    |                                                                              |
| 3.3 STREET ADDRESS  |    |                                                                              |
| 3.4 CITY - ST - ZIP |    |                                                                              |
| 4.1 TITLE           | S  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |    |                                                                              |
| 4.3 STREET ADDRESS  |    |                                                                              |
| 4.4 CITY - ST - ZIP |    |                                                                              |
| 5.1 TITLE           |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |    |                                                                              |
| 5.3 STREET ADDRESS  |    |                                                                              |
| 5.4 CITY - ST - ZIP |    |                                                                              |
| 6.1 TITLE           |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |    |                                                                              |
| 6.3 STREET ADDRESS  |    |                                                                              |
| 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:

*Toshio Ishikawa* TOSHIO ISHIKAWA

4/14/97

(714) 660-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0501836

CR2E034 (9/96)