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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90216 001 ***150.00

DOCUMENT # **F94000000751**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 02/16/1994

4. FEI Number: 33-0336361 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	KUWATA, SOICHI		1.2 NAME	Kuwata, Koya	
STREET ADDRESS	5-2 OSAKI 3-CHOME, SHINAGAWA-KU		1.3 STREET ADDRESS	18101 Von Karman Ave., Ste. 650	
CITY-ST-ZIP	TOKYO, JAPAN		1.4 CITY-ST-ZIP	Irvine, CA 92612	
TITLE	VSD	☐ DELETE	2.1 TITLE	VS	☒ Change ☐ Addition
NAME	ISHIKAWA, TOSHIO		2.2 NAME	Ishikawa, Toshio	
STREET ADDRESS	18101 VON KARMAN, SUITE 650		2.3 STREET ADDRESS	18101 Von Karman Ave., Ste.650	
CITY-ST-ZIP	IRVINE CA		2.4 CITY-ST-ZIP	Irvine, CA 92612	
TITLE	TD	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	HAYASHI, ERI		3.2 NAME	Eri Hayashi	
STREET ADDRESS	18101 VON KARMAN, SUITE 650		3.3 STREET ADDRESS	18101 Von Karman Ave., Ste. 650	
CITY-ST-ZIP	IRVINE CA		3.4 CITY-ST-ZIP	Irvine, CA 92612	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ASAMI, TAKESHI		4.2 NAME		
STREET ADDRESS	18101 VON KARMAN, SUITE 650		4.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

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, with all other like empowered.

SIGNATURE: _____ REQUIRED Toshio Ishikawa 2/3/99 949-660-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)