## 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

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90117 014 \*\*\*150.00

DOCUI 1. Corporation YAKO IN		003126					
Principal Place	e of Business	Mailing Address			1 (MOLINES ILIN INIIS BIRS) MAIN MOLIL BALES MALL	) <b>40106</b> 11181 11818 11	
2106 CYPRESS BEND DR., SOUTH 2106 CYPRESS BEND DR., SO							
SUITE 302 SUITE 302			30.77				
POMPANO BEA	CH FL 33069	POMPANO BEACH FL 33069			DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed 06/15/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26			65-0504559		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	<b>I</b>
22		27				Fee Rec	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 i	
23	<u>.</u>	28			Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Country		8. This corporation owes the current year li		□No
24	25	29 30	01	<del> </del>	Personal Property Tax.  10 Name and Address of New Registered		
<del></del>	9. Name and Address of Currer	it Registered Agent	81	Name	10. Haine and Address of New Insgisters.		
KOM	IIAYAMA, YAYOI						
2106 CYPRESS BEND DR., SOUTH			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
SUIT		83					
POMPANO BEACH FL 33069							
			84	City	F	85 Zip C	ode
office or 6	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	of Florida. Such change was autrations of, Section 607.0505, Florid	norized by la Statutes	tne corpora	proporation submits this statement for the purpose of ation's board of directors. I hereby accept the appulation when reinstating)  DATE	ointment as reg	jistered
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PSTD □ DELETE 1.1		1.1 TITLE			☐ Change	☐ Addition
NAME	KOMIYAMA, YAYOI 1		1.2 NAME				ļ
STREET ADDRESS	2106 CYPRESS BEND DR., SOUTH 14		1.3 STREET	ADORESS			
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-S	T-ZIP			
TITLE	DELETE 2.1		2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				. }
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP			2.4 CITY-5	T- ZIP	<u> </u>		
TITLE	☐ DELETE 3.		3.1 TITLE			Change	Addition
NAME			3.2 NAME				ļ
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3 4. CITY - S	T- ZIP		☐ Change	Addition
TITLE	DELETE		4 1 TITLE			□ cuange	☐ Yaqıılori
NAME .			4. 2 NAME				Ì
STREET ADDRESS			4.3 STREE				
CITY-ST-ZIP		C DELETE	4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			C) Augusta	
NAME				TADOBECC			
STREET ADDRESS			5.3 STREET	1			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-21		☐ Change	Addition
TITLE			6.2 NAME			C Sumings	
NAME				T ADDDESS			ļ
STREET ADDRESS			6.3 STREE	ו אחחעביים			I

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP