

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000062 (8)

1. Corporation Name

HIRADO GOLF CLUB, INC.

Principal Place of Business

Mailing Address

EIE HIRAKAWA-CHO BLDG.
2-4-14, HIRAKAWA-CHO
CHIYODA-KU, TOKYO

EIE HIRAKAWA-CHO BLDG.
2-4-14, HIRAKAWA-CHO
CHIYODA-KU, TOKYO



2. Principal Place of Business	2a. Mailing Address
21 207 Nagasaki EMUKAE-CHO KITAHASHI-KU	26 HAIY BLDG 2-10-10 HIRAKAWA-CHO CHIYODA-KU
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
01/04/1995	
4. FEI Number	Applied For
98-0109440	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAKAHASHI, HARUNORI		1.2 NAME	YAMASHITA, ISABURO	
STREET ADDRESS	4-7-1, YAKUMO		1.3 STREET ADDRESS	164-11 NAGASAKI, EMUKAE-CHO	
CITY-ST-ZIP	MEGURO-KU, TOKYO		1.4 CITY-ST-ZIP	KITAHASHI-KU, NAGASAKI	
TITLE	VD → PD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YAMASHITA, TAISABURO		2.2 NAME	TAKAHASHI, SHIGERI	
STREET ADDRESS	5-12-20, TAMAGAWAGAKUEN		2.3 STREET ADDRESS	4-7-1, YAKUMO	
CITY-ST-ZIP	MACHIDA-SHI, TOKYO		2.4 CITY-ST-ZIP	MEGURO-KU, TOKYO	
TITLE	D → VP	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAWAGUCHI, SHIGERU		3.2 NAME	YAMAGUCHI, TAKAO	
STREET ADDRESS	5-45-11, HONKOMAGOME		3.3 STREET ADDRESS	1603-3, MASAKI-CHO	
CITY-ST-ZIP	BUNKYO-KU, TOKYO		3.4 CITY-ST-ZIP	ISHIYAMA-CITY, NAGASAKI	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OKA, MIKIO		4.2 NAME	KASAI, HIROKAZU	
STREET ADDRESS	7-11-9, TODOROKI		4.3 STREET ADDRESS	2-18-16, SHINOHARAKITA KOKOKU-KU	
CITY-ST-ZIP	SETAGAYA-KU, TOKYO		4.4 CITY-ST-ZIP	YOKOHAMA-CITY, KANAGAWA	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1996

Date

Daytime Phone #

CR2E034 (12/95)