

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005539 (0)**

1. Corporation Name
EAST EDO JAPAN, INC.



Principal Place of Business: **1201 THIRD AVE., SUITE 3400 SEATTLE WA 98101-3034**
Mailing Address: **1201 THIRD AVE., SUITE 3400 SEATTLE WA 98101-3034**

3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report
4. FEI Number 91-1534118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2599 Kenna Court Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Mississauga, Ontario	27 City & State 28
24 Zip L5K 2K4 25 Country CANADA	29 Zip 30 Country

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IKUTA, SUSUMU		1.2 NAME	
STREET ADDRESS 602 MANITOU ROAD S.E., CALGARY, ALBERTA		1.3 STREET ADDRESS	
CITY-ST-ZIP T2G 4C5 CANADA		1.4 CITY-ST-ZIP	
TITLE PSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIAZGA, BARRY		2.2 NAME	
STREET ADDRESS 2599 KENNA COURT, MISSISSAUGA, ONTARIO		2.3 STREET ADDRESS	
CITY-ST-ZIP L5K 2K4 CANADA		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIAZGA, KAREN L		3.2 NAME	
STREET ADDRESS 2599 KENNA COURT, MISSISSAUGA, ONTARIO		3.3 STREET ADDRESS	
CITY-ST-ZIP L5K 2K4 CANADA		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAKUBEC, ALBERT		4.2 NAME	
STREET ADDRESS 20 MIKPAK CRESCENT S.E. APT. 216, CALGARY		4.3 STREET ADDRESS	
CITY-ST-ZIP ALBERTA, T2X 1D3 CANADA		4.4 CITY-ST-ZIP	
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, as changed, or on an attachment with an address.

SIGNATURE: *Barry Miazga* **Barry Miazga, President** (905) 273-4611
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/One Phone #

CR2E034 (12/95)