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**Feb 12 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 # F95000005539 (0)**

1. Corporation Name  
**EAST EDO JAPAN, INC.**



Principal Place of Business  
**2599 KENNA COURT  
MISSISSAUGA ON L5K2K  
US**

Mailing Address  
**1201 THIRD AVE., SUITE 3400  
SEATTLE WA 98101-3034**

3. Date Incorporated or Qualified **11/13/1995** 3a. Date of Last Report **02/21/1996**  
4. FEI Number **91-1534118** 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

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

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

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>IKUTA, SUSUMU</b>
STREET ADDRESS	<b>802 MANITOU ROAD S.E., CALGARY, ALBERTA</b>
CITY - ST - ZIP	<b>T2G 4C5 CANADA</b>
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE
NAME	<b>MIAZGA, BARRY</b>
STREET ADDRESS	<b>2599 KENNA COURT, MISSISSAUGA, ONTARIO</b>
CITY - ST - ZIP	<b>L5K 2K4 CANADA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MIAZGA, KAREN L</b>
STREET ADDRESS	<b>2599 KENNA COURT, MISSISSAUGA, ONTARIO</b>
CITY - ST - ZIP	<b>L5K 2K4 CANADA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JAKUBEC, ALBERT</b>
STREET ADDRESS	<b>20 MIKPARK CRESCENT S.E. APT. 216, CALGARY</b>
CITY - ST - ZIP	<b>ALBERTA, T2X 1D3 CANADA</b>
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	<input 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	<input 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 in an attachment with an address.

SIGNATURE: *B. Miazga* **B. MIAZGA** Jan 14/97 (905) 855-1991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)