2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Feb 18, 2002 8:00 am Secretary of State DOCUMENT # F96000002734 1. Entity Name 02-18-2002 90129 042 ***150.00 MC FRESH INC. Mailing Address Principal Place of Business PO BOX 3484 2 CELESTIAL DR PEACEDALE RI 02883 NARRAGANSETT RI 02882 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 05-0482210 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FŁ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition 🛕 Delete TITLE DP TITLE NAME tsuji. Kyochi NAME STREET ADDRESS 2740 W. 815T ST. STREET ADDRESS 2740 W. 81ST ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 HIALEAH, FL33016 CChange (☐ Addition Delete TITLE TITLE CE₀ Kyohei TSWII TSUJI, KYONCHI NAME NAME STREET ADDRESS 2740 W. 81ST ST. STREET ADDRESS 2740 W. 81ST ST CITY-ST-7IP HIALEAH, FL 33016 CITY-ST-ZIP HIALEAH FL 33016 (A) Change [] Addition X Delete TITLE DVST TITLE NAME YAMAKAWA, MASAHIRO NAME YAMAKAWA, MASHIRO STREET ADDRESS 2740 W. 815T ST. STREET ADDRESS 2740 W 81ST ST CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP HIALEAH FL 33016 Change ☐ Addition Delete TITLE TITLE Fadanori Imamura NAME NAME NAGAI. TSUKASA 3 CHOWL e-2 marunouchi STREET ADDRESS STREET ADDRESS 520 MADISON AVE. CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** Change ☐ Addition TITLE Delete TITLE NAME IZAKI, TOSHINIKO NAME STREET ADDRESS STREET ADDRESS 2-CHOME, CHIYODA-KU CITY-ST-ZIP CITY-ST-ZIP **TOKYO, JAPAN 100-8-86** Addition Change ☐ Delete TITLE TITLE NAME NAME HUANG, I-CHENG STREET ADDRESS 29F NO. 8 MING CHUAN 2ND RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KAOHSIUNG TAIWAN 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other keyempowered.

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