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Jan 21 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 # F96000004064 (9)

1. Corporation Name
SOGA GLASS CO., LTD.

Principal Place of Business
41 MADISON AVE. 7TH FL
NEW YORK NY 10010

Mailing Address
41 MADISON AVE. 7TH FL
NEW YORK NY 10010-2202

3. Date Incorporated or Qualified
08/08/1996

3a. Date of Last Report

2. Principal Place of Business
21 2315 NW 107TH AV
Suite, Apt. #, etc.
22 BOX 45, RM # 1M09
City & State
23 MIAMI, FL
Zip
24 33172
Country
25 USA

2a. Mailing Address
26 2315 NW 107TH AV
Suite, Apt. #, etc.
27 BOX 45, RM # 1M09
City & State
28 MIAMI, FL
Zip
29 33172
Country
30 USA

4. FEI Number
13-3728473

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

9. Name and Address of Current Registered Agent
OHASHI, KIYOTAKA
8360 NW 159TH TRAIL
MIAMI FL 33016

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Kiyotaka Ohashi* (sec/Tres) 1/13/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NISHIWAKI, NICK	
STREET ADDRESS	50 E. HARTSDALE AVE. #8F	
CITY - ST - ZIP	HARTSDALE NY 10530	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	OHASHI, KIYOTAKA	
STREET ADDRESS	8360 NW 159TH TR	
CITY - ST - ZIP	MIAMI FL 33016	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SOGA, KAZUYOSHI	
STREET ADDRESS	7-21 CHOEI, MORIYAMA-KA, NAGOYA	
CITY - ST - ZIP	JAPAN	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	SOGA, SHUNJI	
STREET ADDRESS	SANNOU MANSION DAI 7 MEITO 102, 1-217	
CITY - ST - ZIP	ITAKADAI, MEITO-KU, NAGOYA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATO, SHINTARO	
STREET ADDRESS	2-23 NISHIZATO-CHO, MEITO-KA	
CITY - ST - ZIP	NAGOYA JAPAN	
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 on an attachment with an address.

SIGNATURE: *Kiyotaka Ohashi* 1/13/97 3055130069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)