

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004853 (5)
1. Corporation Name
SOKKIA CENTRAL & SOUTH AMERICA CORPORATION



Principal Place of Business 9111 BARTON OVERLAND PARK KS 66214	Mailing Address 9111 BARTON OVERLAND PARK KS 66214
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/20/1996	4. FEI Number 48-1141424	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 1200 NW 78th Ave Suite, Apt. #, etc. 22 #109 City & State 23 Miami, Florida Zip 24 33126	2a. Mailing Address 26 1200 NW 78th Ave Suite, Apt. #, etc. 27 #109 City & State 28 Miami, Florida Zip 29 33126	Country 30 Dade
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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	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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	YAMANAKA, EITOKU
STREET ADDRESS	9111 BARTON
CITY - ST - ZIP	OVERLAND PARK KS
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	YAMAASHI, IWAQ
STREET ADDRESS	9111 BARTON
CITY - ST - ZIP	OVERLAND PARK KS
TITLE	D <input type="checkbox"/> DELETE
NAME	ODA, TAKAYOSHI
STREET ADDRESS	1-1 TOMIYAYA 1-CHOME
CITY - ST - ZIP	SHIBUYA-KU TOKYO 151 JAPAN
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	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EITOKU YAMANAKA
1.3 STREET ADDRESS	1200 NW 78th Ave. #109
1.4 CITY - ST - ZIP	MIAMI, FL 33126
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	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AKINORI MITAKE
4.3 STREET ADDRESS	9111 BARTON
4.4 CITY - ST - ZIP	OVERLAND PARK, KS 66201
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HITOSHI MITSUHASHI
5.3 STREET ADDRESS	9111 BARTON
5.4 CITY - ST - ZIP	OVERLAND PARK KS 66201
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 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:  EITOKU YAMANAKA 4/14/98 (305) 599-4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0524200

CR2E034 (10/97)