

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90136 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004853**

1. Corporation Name  
**SOKKIA CENTRAL & SOUTH AMERICA CORPORATION**

Principal Place of Business 1200 NW 78TH AVE 109 MIAMI FL 33126 US	Mailing Address 1200 NW 78TH AVE 109 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200nw 78th ave Suite, Apt. #, etc. 22 #109 City & State 23 Miami, Florida Zip 24 33126	25 Dade	26 1200nw 78th ave Suite, Apt. #, etc. 27 #109 City & State 28 Miami, Florida Zip 29 33126	30 Dade
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3. Date Incorporated or Qualified <b>09/20/1996</b>	4. FEI Number <b>48-1141424</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMANAKA, EITOKU	1.2 NAME	
STREET ADDRESS	1200 NW 78 AVE, #109	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODA, TAKAYOSHI	2.2 NAME	
STREET ADDRESS	1-1 TOMIGAYA 1-CHOME	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHIBUYA-KU TOKYO 151 JAPAN	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITAKE, AKINORI	3.2 NAME	
STREET ADDRESS	9111 BARTON	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK FL 66201	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITSUHASHI, HITOSHI	4.2 NAME	
STREET ADDRESS	9111 BARTON	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK FL 66201	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELTOKU, YAMANAKA	5.2 NAME	
STREET ADDRESS	1200 NW 78TH AVE #109	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	5.4 CITY-ST-ZIP	
TITLE		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	

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 Mitsuhashi, Hitoshi  
 9111 Barton  
 Overland Park FL 66201

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **4/22/99** (305) 599-4701 Daytime Phone #

CR2E034 (1/198)