

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F97000001414 (8)**  
1. Corporation Name

**YAMAHA DE PANAMA S.A. (INCORPORATED)**



Principal Place of Business  
**6303 BLUE LAGOON DR., STE 470  
MIAMI FL 33126**

Mailing Address  
**6303 BLUE LAGOON DR., STE 470  
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **6303 Blue Lagoon Drive**  
Suite, Apt. #, etc.  
22 **Suite 195**

City & State  
23 **Miami, Florida**

Zip Country  
24 **33126** 25 **U.S.A.**

2a. Mailing Address

26 **6303 Blue Lagoon Drive**  
Suite, Apt. #, etc.  
27 **Suite 195**

City & State  
28 **Miami, Florida**

Zip Country  
29 **33126** 30 **U.S.A.**

3. Date Incorporated or Qualified

**03/19/1997**

4. FEI Number

**APPLIED FOR**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**INTERSTATE REGISTERED AGENT CORP  
701 BRICKELL AVE., STE 3000  
MIAMI FL 33131**

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

*S. Yamashita*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**7/20/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **YAMASHITA, TOSHIKI**  
STREET ADDRESS **6303 BLUE LAGOON, DR., STE 470**  
CITY-STATE-ZIP **MIAMI FL**

TITLE **SD** ☐ DELETE  
NAME **ACEVEDO, MANUEL**  
STREET ADDRESS **6303 BLUE LAGOON, DR., STE 470**  
CITY-STATE-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE  
NAME **ITO, SHUJI**  
STREET ADDRESS **6303 BLUE LAGOON, DR., STE 470**  
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **6303 Blue Lagoon Drive, Suite 195**  
1.4 CITY-STATE-ZIP **Miami, Florida 33126**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **6303 Blue Lagoon Drive, Suite 195**  
2.4 CITY-STATE-ZIP **Miami, Florida 33126**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **Yoshio Sawamoto**  
4.4 CITY-STATE-ZIP **6303 Blue Lagoon Drive, Suite 195**  
**Miami, Florida 33126**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

*S. Yamashita*

**7/20/98**

CR2E034 (5/98)