FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am **DOCUMENT #** F97000001414 Secretary of State 02-21-2002 90132 043 ***150.00 YAMAHA DE PANAMA S.A. (INCORPORATED) Principal Place of Business Mailing Address 6303 BLUE LAGOON DRIVE 6303 BLUE LAGOON DRIVE SUITE 195 SUITE 195 MIAMI FL 33126 MIAMI FL 33126 HS 2. Principal Place of Business 3. Mailing Address 8360 WEST FLAGLER ST. 8360 WEST FLAGLER ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #209 #209 City & State City & State 4. FEI Number Applied For 65-0741393 MIAMI FLORIDA MIAMI. FLORIDA Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired DADE DADE 33144 33144 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namě INTERSTATE REGISTERED AGENT CORP Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE., STE 3000 MIAMI FL 33131 City Zip Code 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. TOSH TAKT YAMASH ITMA agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FEBRUARY 4 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees √(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE PTD Change ☐ Addition YAMASHITA, TOSHIAKI NAME YAMASHITA, TOSHIAKI 8360 WEST FLAGLER STREET, SUITE #209 NAME 6303 BLUE LAGOON DRIVE, SUITE 195 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLORIDA 33144 SD ☐ Delete TITLE Change ☐ Addition ACEVEDO, MANUEL NAME ACEVEDO, MANUEL 6303 BLUE LAGOON DRIVE, SUITE 195 STREET ADDRESS STREET ADDRESS 8360 WEST FLAGLER STREET, SUITE #209 CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP MIAMI, FLORIDA 33144 TITLE ☐ Delete TITLE Change ☐ Addition ISHIZAKI, KAZUHIKO NAME NAME ISHIZAKI, KAZUHIKO STREET ADDRESS 6303 BLUE LAGOON DRIVE, SUITE 195 STREET ADDRESS 8360 WEST FLAGLER STREET, SUITE #209 CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP MIAMI, FLORIDA 33144 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 like exprowered.

SIGNATURE:

PONSTATE AND TYPE AMARINE PHAME OF SIGNING OFFICER OR DIRECTOR

(305) 261-411

FEBRUARY 04. 2002

Daytime Phone #

CR2E034 (9/01)