FILED Sep 19, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) F99000005716 DOCUMENT # 1. Entity Name 09-19-2001 90124 046 ***550.00 SAN-EI GEN F.F.I. (USA), INC. Principal Place of Business Mailing Address 489 5TH AVE. 489 5TH AVE. AUU86755 NEW YORK NY 10017 NEW YORK NY 10017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 13-3363701 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA FOOD PRODUCTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2230 W. HWY 44 EUSTIS FL 32727-1300 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change Addition UCHIDA, YOSHINORI NAME NAME E034 (TAKAGI, DAISUKE 489 5TH AVE STREET ADDRESS STREET ADDRESS **NEW YORK NY** 489 5th Ave. CITY-ST-ZIP CITY-ST-ZIP New York, NY 10017 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ 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-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change

NAME

STREET ADDRESS 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 chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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NAME

STREET ADDRESS