03-30-1999 90010 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G69920**

1. Corporation Name

KAMON CARIBBEAN FLORIDA, INC.

	ON HOUSE AT LOTHORY MO.		_		_				
Principal Place of Business Mailing Address									
1545 NW 28 ST. P.O. BOX 420140 MIAMI FL 33142 MIAMI FL 33242-0140 US US						DO NOT WRITE IN THIS	SPACE		
		00				3. Date Incorporated or Qualifed 10/24/1983			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26						59-2361209		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e ,	City & State		-		6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country	Zip (Country	,		8. This corporation owes the current year Inte	angible		
24	25	29 30				Personal Property Tax.	Yes	⊠ No	
	9. Name and Address of Current	Registered Agent	\Box			10. Name and Address of New Registered	Agent		
		-	81	Nam	9				
TABNAKA, MINORU 1323 SW 40TH AVE , MIAMI FL 33134			82	Stree	t Addre	ss (P.O. Box Number is Not Acceptable)			
			83			•		•	
			84	•,		FL	. _	Zip Code	
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was authori	zea ov	tne cor	d corpo poration	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	cnanging ntment as	s registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Regis	ered Age	nt signatur	e required	when reinstating) DATE		_	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIREC		
TITLE	PD	☐ DELETE 1	.1 TITLE				Chan	ge 🗌 Addition	
NAME	TANAKA, MINORU	. 1	2 NAME		1				
STREET ADDRESS	1323 SW 40TH AVE	1	.3 STREE	T ADDRES	s			ļ	
CITY-ST-ZIP	MIAMI FL	1	.4 CITY-S	T-ZIP					
TITLE	VSD						Chan	ige 🗌 Addition	
NAME	ENOMOTO, FUSAO 2221							ĺ	
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP						
TITLE -			.1.TTLE	. •	-		Chan	ge 🗌 Addition	
NAME	ENOMOTO, MIYAKO 321		2 NAME						
STREET ADDRESS	1323 SW 40TH AVENUE	3	.3 STREE	TADDRES	s	,		ļ	
C/TY-ST-ZIP	MIAMI FL		.4. CITY-	ST-ZIP					
TITLE		☐ DELETE 4	.1 TITLE				☐ Chan	ge	
NAME	{		. 2 NAME		1			l	
STREET ADDRESS		[4	.3 STREE	TADDRES	s				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	4	4 CITY-S	ST-ZIP					
TITLE	DELETE 5.11		5.1 TITLE			•	☐ Chan	ige	
NAME		5	.2 NAME					İ	
STREET ADDRESS	{	.	.3 STREE	TADDRES	s				
CITY-ST-ZIP			.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	.1 TITLE				☐ Chan	ige 🔲 Addition	
NAME		1 6	.2 NAME						
		.	3 STREE	TADORES	s				

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 4

STREET ADDRESS

CITY-ST-ZIP