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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

Jan 23, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

01-23-1999 90017 033 ***150.00

1. Corporation	MENT # J08887 CORPORATION						
Principal Place	e of Business	Mailing Address				BIBII BIBII BIBII I	ISB(I BISII IBB)
% JEAN HANAMURA 13341 SW 96 AVE MIAMI FL 33176		% JEAN HANAMURA 13341 SW 96 AVE MIAMI FL 33176		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
					04/11/1986		j
- District 0	f Durings	D. Mailing Address			4, FEI Number		plied For
	ace of Business	2a. Mailing Address			59-2664070	 	t Applicable
21 Suite Ant	# 010	Suite, Apt. #, etc.			39 2004070	\$8.75	
					5. Certificate of Status Desired	Fee Re	
City & State	•	City & State			6. Election Campaign Financing	\$5.00	May Bo
		28			Trust Fund Contribution	Added	
Zip	Country	Zip	Country		This corporation owes the current year li		
24	25	29 30	¬ ´		Personal Property Tax.	Yes	□No
241	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered	Agent	
	J		81	Name			
HAN	amura, jean				(DO D. W.)		
13341 SW 96TH AVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33176			83				17.888.48
······································						4 4 4 4 5	F1-1161-35
				City	F	85 Zip	Cŏde ''
agent. I a	m familiar with, and accept the obligation of registered age.	nt and title if applicable (NOTE: Re	a Statutes	i.	on's board of directors. I hereby accept the app		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	T Change	Addition
TITLE	P	☐ DELETE	1.1 TITLE			Clande	
NAME	HANAMURA, JEAN		1.2 NAME	-			İ
STREET ADDRESS	13341 S.W. 96TH AVE.		13 STREE	TADDRESS			}
CITY-ST-ZIP	MIAMI FL		14 CITY-S	IT-ZIP		Change	Addition
TITLE		☐ DELETE	2.1 TITLE			☐ Change	C Addition (
NAME			2.2 NAME			•	٠.
STREET ADDRESS				TADDRESS			ļ
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	<u> </u>	Change	Addition
TITLE		☐ DELETE	3.1 TITLE			Change	E Addition
NAME	•		3.2 NAME				
STREET ADDRESS	() () () () () () () () () ()		3.3 STREE	TADDRESS		1 3 3 6 3 5 to	
CITY-ST-ZIP			3.4. CITY- 5	ST-ZIP	<u> </u>		Addition
TITLE		☐ DELETE	4.1 TITLE		with the second	cnange	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	,		1	TADDRESS	•		}
CITY-ST-ZIP	-	——————————————————————————————————————	5.4 CITY-S	1-ZIP			□ A 3 3 4 4 5 1
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition

14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

<u> 253 - 7683</u>