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

PROFIT CORPORATION ANNUAL REPORT

1999

YOSHINO CORPORATION

DOCUMENT #

1. Corporation Name



J52819

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90010 033 ***150.00

									97021 BIBN 94851 P	lh i
Principal Place of Business Mailing Address										
2033 MAIN ST. STE 101 2033 MAIN ST. STE 101										
POST DRAWER		POST DRAWER 4195					DO NOT WRITE IN THIS SPACE			
SARAŞOTA FL	34237	SARASOTA FL 34237 US				-	3. Date Incorporated or Qualifed			
US		US				ļ	01/22/1987			-
2 Delegie d Di	and of Business	2a. Mailing Addr	ace				4. FEI Number	T	Applied For	
<u> </u>	ace of Business	— ·				I	59-2771096		Not Applica	
Suite, Apt.	26 Suite Apt #	Suite, Apt. #, etc.					\$8	75 Additional		
22	7, 610. ************************************	27				-	5. Certificate of Status Desired Fee Required			
City & State	9	City & State					6. Election Campaign Financing	\$5	.00 May Be	
23	-	28				- 1	Trust Fund Contribution	Ac	ided to Fees	
Zip	Country	Zip		Country	'		8. This corporation owes the current year	r Intangible		
24	25	29	30				Personal Property Tax.	☐ Ye:	s 🔽 No	
<u>'</u>	9. Name and Address of Current	Registered Agent					10. Name and Address of New Registe	red Agent		
				81	Name					
PFLUGNER, J. GEOFFREY, ESQ.				82	Street 6	Addres	ess (P.O. Box Number is Not Acceptable)			
2033 MAIN ST				102	Juest A	700163	S (F.O. BOX NEITHER IS NOT ACCORDANCE)			
STE 101				83						
SAR	ASOTA FL 34237			\perp				1227		
ļ				84	City		I	= L 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Flori	da Statutes, the	abov	e-named o	corpora	ation submits this statement for the purpos	e of changi	ng its registere	d
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.										
agent. I a	m tamiliar with, and accept the obligati	ions of, Section 607.	usus, rionaa s	tatutes						}
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.)						equired w	hen reinstating) DATI	<u> </u>		} ;
12.	OFFICERS ANI			3.		•	ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTORS IN 12	2 2
TITLE	DP		ELETE 1.	1 TITLE				□ Ch	ange []] Add	lition
NAME	YOSHIZAWA, KATSUTOSHI P.		1.	2 NAME						;
STREET ADDRESS				1.3 STREET ADDRESS						}
CITY-ST-ZIP	SARASOTA FL		1.	4 CITY-S	T-ZIP					}
TITLE	0/1/01/00///10	D		1 TITLE				Ch	ange 🔲 Add	lition
NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			2.2 NAME						
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l	····		1		ST-ZIP 💳					ľ
CITY-ST-ZIP TITLE	-	П.		1 TITLE	71 - Edit - St Edit			Ch	ange 🔲 Add	dition
				2 NAME						
NAME	•		I		T ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP				4. CITY-5	si-ZIP			[] Ch	ange □ Add	lition
TITLE		ں ت		1 TITLE					~5v	

CITY-ST-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, with all other like empowered.

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ DELETE

Change

☐ Change

Addition

☐ Addition