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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J87271

1. Corporation Name  
JAPONICA INTERNATIONAL, INC.

Principal Place of Business

200 SOUTH BISCAYNE BLVD  
SUITE 4000  
MIAMI FL 33131-2398  
US

Mailing Address

C/O C.A. ROSS  
3845 S.W. 41ST STREET  
PEMBROKE PINES FL 33023  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BARRY G. CRAIG, ESQ.  
200 S. BISCAYNE BOULEVARD  
SUITE 4000  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE STVD [ ] DELETE

NAME CARDENAS, MONICA  
STREET ADDRESS 2121 S.W. THIRD AVENUE, #5  
CITY-ST-ZIP MIAMI FL

TITLE DV [ ] DELETE

NAME CARDENAS, MONICA  
STREET ADDRESS 2121 S.W. THIRD AVENUE #5  
CITY-ST-ZIP MIAMI FL 33129

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
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)(g), 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 in an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1987

4. FEI Number

59-2836014

Applied For  
Not Applicable

5. Certificate of Status Desired [ ]

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution [ ]

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax [ ] Yes [X] No

10. Name and Address of New Registered Agent

APPROVED  
FILED

99 MAY 27 AM 11:13

RECEIVED  
TALLAHASSEE, FLORIDA



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