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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J92329

(8)

SUN-PORT INTERNATIONAL, INC.

11.00	

**FILED** 

Jan 23 1997 8:00am

Secretary of State

					<u> </u>			áfalh 101.
Principal Place of Business Mailing Address								
2916 S. A-1-A VERO BEACH I	FL 32963		2916 S. A-1-A VERO BEACH FL 32963-1820					
					3. Date Incorporated or Qualified 09/14/1987	3a. Date 01/30/		eport
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Ar	oplied For
21		26			59-2851473			ot Applicable
Suite, Apt 22	#, etc.	27	······································		5. Certificate of Status Desired Section Fee Required			
	City & State			6. Election Campaign Financing \$5.00 Ma				
23	Co. do:	28	T Count	<u> </u>	Trust Fund Contribution	Added to Fees		
Zip	[········]		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25   9. Name and Address of	29 Current Registered Agent	30		10. Name and Address of New Re			***************************************
CI E	M, CHESTER		8	1 Name	10, 112110 4.10 11210	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	M, POLACKWICH & VOCEL	<u>LE</u>	8	2 Street Add	dropp (B.O. Boy Number in Not Assentab	lo)		
	INDIAN RIVER BLVD. #50		ľ	2 Sireel Add	dress (P.O. Box Number is Not Acceptable)			
	O BEACH FL 32960-4278		8	3				
			8	4 City	·	·	<b>85</b> Zip (	Code
			ľ	City		FL	2.b.	Code
agent. La SIGNATURE	am familiar with, and accept the	e obligations of, Section 607.0505, F receil agent and bilest applicable (NO	OTE Registered A		uired when reinstating)	DATE		
12.	N 7384177	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TIT,F	P ALICON MODULATIVA	DELETE	1.1 TITLE			L	Change	Addition
NAME	OHORI, NOBUYUKI 17-22 Hikari Guaka,, M	IOUILAA OUI	1.2 NAM					
STREET ACIDRESS	SHIZUOKA-KEN, JAPAN	IONIMAONI		ET ADDRESS				
CITY-S1-7P	ST STIZUORANEN, JAPAN	DELETE	1.4 CITY 2.1 TITLE			Г	Change	Addition
NAME	MATSUDO, HISAO	- Decem	2.2 NAM	1		<b></b>	) Orlange	Manual.
STREET ADDRESS	0.40.00.31/4041/4			ET ADDRESS				
CITY-ST-ZIF	MINATO-KU, TOKOYO, JA	APAN		- ST - ZIP				
TIFLE	DV	DELETE	3.1 TITLE			Ĺ	Change	Addition
NAME	MIZUNO, AKIO		3.2 NAM	E				
STREET ADDRESS	2916 SO A1A		3 3 STRE	ET ADDRESS				
CITY+ST-ZIP	VERO BCH FL		3.4. C(T)	-ST-ZIP				
TITLE		☐ DELETE	4.1 TiTLE				Change	Addition
NAMŁ			4. 2 NAN					
STREET ACORESS			1	ET ADDRESS				ļ
CITY-S*-7IP		DELETE	4.4 CITY				Change	Addition
THE			5.1 TITE			L	1 Mingilla	C Vandand
NAME STREET ADDRESS			5.2 NAM 5.3 STRE	ET ADDRESS				
CITY - \$1 - ZIP			5.4 CITY					
THILE		DELETE	6.4 CH 1			ſ	Change	Addition
NA.VE			6.2 NAM	1	•	-	. •	
STREET ADDRASS				ET ADDRESS				
1	1							

14. Ho 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 on 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 attachard with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/96 561-234-9903 Daylung Phone