FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K76152 (3)

1. Corporation Name
MIKADO CORPORATION, U.S.A.

Principal Place of Business	Mailing Address
~~% TRUMAN A. SKINNER~~ ~~9130 SOUTH DADELAND BLVD., SUITE 1500~~ ~~MIAMI FL 33156~~	~~% TRUMAN A. SKINNER~~ ~~9130 SOUTH DADELAND BLVD., SUITE 1500~~ ~~MIAMI FL 33156~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1989
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business	2a. Mailing Address
21 12001 S.W. 79 Ave.	26 12001 S.W. 79 Ave.
Suite, Apt. #, etc. 22 ---	Suite, Apt. #, etc. 27 ---
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33156 / 25 USA	Zip / Country 29 33156 / 30 USA

4. FEI Number: 65-0153958 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SKINNER, TRUMAN A.~~ ~~9130 SOUTH DADELAND BLVD.~~ ~~SUITE 1500~~ ~~MIAMI FL 33156~~	81 Name: THOMAS L. ROSSETTI 82 Street Address (P.O. Box Number is Not Acceptable): 12001 S.W. 79 AVE. 83 84 City: MIAMI FL 85 Zip Code: 33156

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: Thomas L. Rossetti 4-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROSSETTI, THOMAS	12 NAME	
STREET ADDRESS	12001 SW 79 AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	ROSSETTI, CAROL	22 NAME	
STREET ADDRESS	12001 SW 79 AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Thomas L. Rossetti 4-24-95 305-256-1081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0100659 CP