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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K83313

MIAM! ICHIBAN, INC.

**CORAL GABLES FL** 

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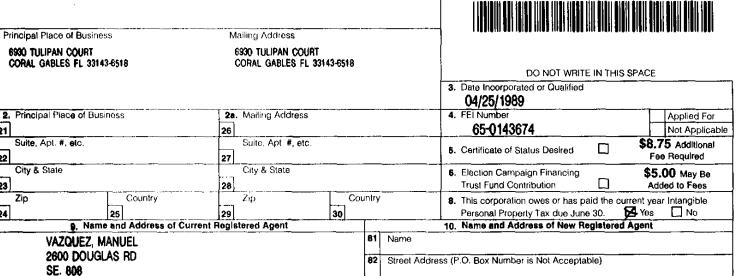
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Zip

Principal Place of Business Mailing Address 6930 TULIPAN COURT 6930 TULIPAN COURT CORAL GABLES FL 33143-6518 CORAL GABLES FL 33143-6518

## **FILED** May 13 1998 8:00am Secretary of State

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

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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby 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 mark of registered agent and talle (frappisable (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND DIRECTORS		13.	·	CHANGES TO OFFICERS		S IN 12
TITLE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	MIKI DE MARUYAMA, MARIA		1.2 NAME				
STREET ADDRESS	6930 TULIPAN COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP				
TITLE	VD 🗆	DELETE	2.1 TITLE			Change	Addition
NAME	MARUYAMA, YASUSHI		2.2 NAME				
STREET ADDRESS	6930 TULIPAN COURT		2.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CHY-ST-ZIP				
TITLE	STD 🗆	DELETE	3.1 TITLE		,	Change	Addition
NAME	DE MIKI, DINA CHUNG		3.2 NAME	:			
STREET ADDRESS	6930 TULIPAN COURT		3.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY - ST - ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				İ
STREET ADDRESS			6.3 STREET ADDRESS				ļ
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14. Thereby 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 eath; that I am an officer or director of the corporation of 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 of an attachment with an address.

SIGNATURE: X