FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # K89278

(1)

Corporation Name

MIYAKO AMERICA, INC.

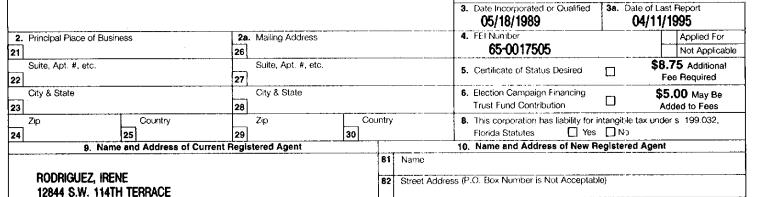
Principa	al Pla	ce of I	Business
1725	N.W.	97TH	AVENUE

MIAMI FL 33186

MIAMI FL 33172

Mailing Address

1725 N.W. 97TH AVENUE MIAMI FL 33172



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.

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City

12.	Signature, typed or printed name of registered agent and title if any keable. (NO OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1. 1 TITLE		Change	Addition
NAME I	RODRIGUEZ, IRENE		1.2 NAME			
STREET ADDRESS	12844 S.W. 114TH TERR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP			
ITLE	V	☐ DELETE	2 1 TITLE		Change	Additio
AME	MEZCUA, LEONOR		2 2 NAME			
FREET ADDRESS	8585 N.W. 6TH LANE, #205		2 3 STREET ADDRESS			
ITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP			
TLE	\$	DELETE	3 1 TITLE		Change	☐ Additio
AME	ORTEGA, JOSE A.		3 2 NAME			
TREET ADDRESS	200 CASUARINA COR.		3.3. STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		3 4 CITY-ST-ZIP			
ITLE	Ť	DELETE	4. 1 TITLE		Change	Addition Addition
AME	Wollberg, Maria		4.2 NAME			
TREET ADDRESS	680 CALATRAVA		4.3 STREET ADDRESS			
ITY-ST-ZIP	CORAL GABLES FL		4.4 CITY - ST- ZIP			
TLE		☐ DELETE	5. 1 TITLE		Change	☐ Additio
AME			5 2 NAME			
TREET ADDRESS			5.3 STREET ADDRESS			
ITY-S7-ZIP			5.4 CITY - ST - ZIP			
IŢĻĒ		☐ DELETE	6. 1 TALE	[Change	☐ Additio
IAME			6.2 NAME			
TREET ADORESS			6.3 STREET ADDRESS			
ITY - ST- 7IP			6.4 C(TY-ST-Z)P			

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)(k), 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 13 if cbyfiged, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OD PRINTED TO

. 3/15/96 Destine Proce

85

Zip Code

CR2E034 (12/95)