FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L03827** **(7)**

1. Corporation Name
SHINOHARA TECH USA, INC.

Principal Place of Business
8182 BAYMEADOWS WAY WEST
JACKSONVILLE FL 32256-7441

Mailing Address
8182 BAYMEADOWS WAY WEST
JACKSONVILLE FL 32256-7441

2. Principal Place of Business
21 8188 Baymeadows Way W.
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, Fl
Zip 24 32256
Country 25

2a. Mailing Address
26 8188 Baymeadows Way W.
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, Fl.
Zip 29 32256
Country 30

3. Date Incorporated or Qualified: 07/24/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2958317 — 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
MOONEYHAM, MITCHELL D.
8182 BAYMEADOWS WAY WEST
JACKSONVILLE FL 32256-7441

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 8188 Baymeadows Way West
84 City: Jacksonville FL 85 Zip Code: 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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. Subsequent to the change, if any, the corporation's board of directors hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SHINOHARA, MIKIO	
STREET ADDRESS	25-5 6 CHOME CHIYODA	
CITY-ST-ZIP	SHIZUOKA, JAPAN 420	
TITLE	VS	☐ DELETE
NAME	MOONEYHAM, MITCHELL D.	
STREET ADDRESS	4750 NORTHERN PACIFIC DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	☐ DELETE
NAME	MCAFEE, CAROLYN E.	
STREET ADDRESS	1520 OAK LACE COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied within this application, including, but not limited to, the exemption statement in Section 119.07(3)(k), Florida Statutes. 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 or another person authorized 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 is entered in Block 14 if a new officer or director.

SIGNATURE: Mitchell D. Mooneyham MITCHELL D. MOONEYHAM 4-16-96 904-739-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #