

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 # **L14858** (9)

1. Corporation Name

KOJIMA TRADING, INC.



Principal Place of Business

Mailing Address

**C/O KOJIMA KAZUAKI
3440 NE 192ND ST., #50
AVENTURA FL 33180**

**3440 N.E. 192ND STREET
50
AVENTURA FL 33180
US**

3. Date Incorporated or Qualified

09/12/1989

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **321 NW 156TH LANE**

26 **321 NW 156TH LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Pembroke Pines**

28 **Pembroke Pines**

Zip

Country

Zip

Country

24 **33028**

25 **Broward**

29 **33028**

30 **Broward**

4. FEI Number

65-0147934

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

**KAZUAKI, KOJIMA
3440 N.E. 192ND STREET
AVENTURA FL 33180**

81 Name **KOJIMA, KAZUAKI**

82 Street Address (P.O. Box Number is Not Acceptable)

321 NW 156TH LANE

83

84 City

Pembroke Pines

FL

85 Zip Code

33028

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

Signature typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when re-registering)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **KAZUAKI, KOJIMA**
STREET ADDRESS **3440 NE 192ND STREET**
CITY-ST-ZIP **AVENTURA FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **KOJIMA, KAZUAKI**
1.3 STREET ADDRESS **321 NW 156TH LANE**
1.4 CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

kazuaki kojima 4/8/96

Date

Daytime Phone #

CR2E034 (12/95)