

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90039 042 \*\*\*150.00

0148296

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L14858**

1. Corporation Name  
**KOJIMA TRADING, INC.**



Principal Place of Business  
 321 NW 156TH LANE  
 3440 NE 19TH ST., #50  
 PEMBROKE PINES FL 33028  
 US

Mailing Address  
 321 NW 156TH LANE  
 50  
 PEMBROKE PINES FL 33028  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **10111 Pines Blvd.**

2a. Mailing Address  
 26

3. Date Incorporated or Qualified  
**09/12/1989**

4. FEI Number  
**65-0147934**

22 Suite, Apt. #, etc.  
 23 **Pembroke Pines FL**

27 Suite, Apt. #, etc.  
 28 **FL**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 **33026** 25 **US**

29 **30**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAZUAKI, KOJIMA**  
 321 NW 156TH LANE  
 PEMBROKE PINES FL 33028

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KAZUAKI, KOJIMA</b>	
STREET ADDRESS	<b>321 NW 156TH LANE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D</b> <b>Yoko Arno</b>
2.3 STREET ADDRESS	<b>321 NW 156TH LANE</b>
2.4 CITY-ST-ZIP	<b>Pembroke Pines FL 33028</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D</b> <b>Shintaro Fuchimoto</b>
3.3 STREET ADDRESS	<b>3307 N. Savannah Circle</b>
3.4 CITY-ST-ZIP	<b>Davie, FL 33328</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>S</b> <b>Kazumi Fuchimoto</b>
4.3 STREET ADDRESS	<b>3307 N. Savannah Circle</b>
4.4 CITY-ST-ZIP	<b>Davie, FL 33328</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/99**  
 Daytime Phone # **014-450-8557**

CR2E034 (11/98)