


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

FILED  
Mar 12, 1999 8:00 am  
Secretary of State

03-12-1999 90017 020 \*\*\*450.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L65281

1. Corporation Name  
MIDO U.S.A., INC.

N.K.A. Odlim INTERNATIONAL, INC

Principal Place of Business

Mailing Address

~~506 20TH AVE~~  
~~INDIAN ROCKS BCH FL 33785~~  
~~406~~

1401 N MISSOURI AVE  
#128  
LARGO FL 33770  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 679 HARBOR ISLAND

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 CLEARWATER FL

27 City & State

28 City & State

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9. Name and Address of Current Registered Agent

JOHNSON, TIMOTHY A JR.  
911 CHESTNUT ST.  
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name RALPH F. REASS III  
82 Street Address (P.O. Box Number is Not Acceptable)  
679 HARBOR ISLAND  
83  
84 City CLEARWATER FL 85 Zip Code 33767

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 for 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

*Ralph F. Reass III*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-99

12. OFFICERS AND DIRECTORS	
TITLE	OP <input type="checkbox"/> DELETE
NAME	MASATO, KUROSAWA
STREET ADDRESS	536 20TH AVE
CITY-ST-ZIP	INDIAN ROCKS BCH FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	TAKETO, KUROSAWA
STREET ADDRESS	536 20TH AVE
CITY-ST-ZIP	INDIAN ROCKS FL 33785
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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TITLE	<input type="checkbox"/> DELETE
NAME	
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CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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:

*Ralph F. Reass III*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 727 2980 742

Date

Daytime Phone #

CR2E034 (1/1/98)