

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 25 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L68943 (4)**

1. Corporation Name  
**TAKAHIKO DESIGNS CORPORATION**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
21241 NE 6TH COURT 21241 NE 6TH COURT  
N MIAMI BCH FL 33179 N MIAMI BCH FL 33179

3. Date Incorporated or Qualified **04/30/1990** 3a. Date of Last Report **02/09/1994**

2. Principal Place of Business 2a. Mailing Address  
21 21241 NE 3rd COURT 26 21241 NE 3rd COURT

4. FEI Number **65-0191290** Applied For  
Not Applicable

22 Suite, Apt #, etc. 27 Suite, Apt #, etc.

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

23 City & State **N. Miami Bch, FL** 28 City & State **N. Miami Bch, FL**

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

24 Zip **33179** 25 Country **USA** 29 Zip **33179** 30 Country **USA**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GENEVIEVE PARENT  
21241 N.E. 3RD CT.  
NORTH MIAMI BCH., FL 33179**

10. Name and Address of New Registered Agent  
81 Name **GENEVIEVE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MASAKI, TAKAHIKO</b>	1.2 NAME	
STREET ADDRESS	<b>21241 N.E. 3RD CT.</b>	1.3 STREET ADDRESS	<b>21241 NE 3rd Court</b>
CITY - ST - ZIP	<b>N MIAMI BCH FL</b>	1.4 CITY - ST - ZIP	<b>33179</b>
TITLE	<b>DST</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PARENT, GENEVIEVE</b>	2.2 NAME	
STREET ADDRESS	<b>21241 N.E. 3RD CT.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>N MIAMI BCH FL</b>	2.4 CITY - ST - ZIP	<b>33179</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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) Date \_\_\_\_\_ (Typed Name)