

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 31 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # L71965 (2)
 1. Corporation Name
 GINZA INTERNATIONAL, CORP.

Principal Place of Business: 2090 NE 205 STREET N MIAMI FL 33179
 Mailing Address: 2090 NE 205 STREET N MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1990
 4. FEI Number: 65-0204625 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 20137 NE 16TH BL. 22 Suite, Apt. #, etc.
 2a. Mailing Address: 26
 23 MIAMI FLORIDA 28 City & State
 24 33179 25 USA 29 Zip Country 30

9. Name and Address of Current Registered Agent: TKACZ, LUISA, 2090 N.E. 205 ST. N. MIAMI FL 33179
 10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S TKACZ, LUISA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TKACZ, LUISA	1.2 NAME	
STREET ADDRESS	2090 NE 205TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	P TKACZ, EDUARSO,	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TKACZ, EDUARSO,	2.2 NAME	
STREET ADDRESS	2090 N.E. 205 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	000002631580
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-09/04/98--01001--002
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		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.

SIGNATURE: _____ SIGNATURE REQUIRED 8-14-98

CR2E034 (5/98)

GINZA INTERNATIONAL

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20137 N.E. 18th PLACE ~ MIAMI, FLORIDA 33179 U.S.A.
Phone (305)651-4459 ~ Fax (305)651-2752 ~ Email ginza@ibm.net

Annual Reports Filings
Division of Corporations
P.O.Box 6327
Tallahassee, FL. 32314

I just received a reminder to pay the annual Report before September 30, 1998 or my Corporation would be dissolved . I didn't received the first notification . I called your department and explained what happened and was told to send a check for \$ 150.00 to your address.

Please, accept my apologies,

Sincerely,



Eduardo Tkacz