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 # **M91746** **(1)**

1. Corporation Name

MIAMI ANCHOR INTERNATIONAL CORPORATION

Principal Place of Business

% CRAIG E. STEIN
1221 BRICKELL AVENUE.
MIAMI FL 33131

Mailing Address

3501 WEST ROLLING HILLS CIR
~~1221 BRICKELL AVENUE.~~
FORT LAUDERDALE FL 33328
US

3. Date Incorporated or Qualified: 07/29/1988

3a. Date of Last Report: 05/10/1995

4. FEI Number: 65-0063966 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 3501 West Rolling Hills Cir
Suite, Apt. #, etc.
27 ----------
City & State
28 Fort Lauderdale, Florida
Zip 29 33328 Country 30 USA

9. Name and Address of Current Registered Agent

STEIN, CRAIG E
1221 BRICKELL AVENUE
SUITE 2200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: JOEL L ROTH
82 Street Address (P.O. Box Number is Not Acceptable): Intercontinental Bank Center
83 7000 W. Palmetto Park Road Suite #206
84 City: Boca Raton FL 85 Zip Code: 33433

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 on filing) — DATE 3/4/96

12. OFFICERS AND DIRECTORS

TITLE	DVPS	☐ DELETE
NAME	KASAI,NOBUAKI	
STREET ADDRESS	1 BANCHI NAITO-CHO	
CITY-ST-ZIP	SHINJUKU-KU TOKYO,JP	
TITLE	P/T	☐ DELETE
NAME	KASAI,YOSHISUKE	
STREET ADDRESS	1 BANCHI NAITO-CHO	
CITY-ST-ZIP	SHINJUKU-KU TOKYO JAPAN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V/S	☒ Change ☐ Addition
1.2 NAME	KASAI, NOBUAKI	
1.3 STREET ADDRESS	3501 WEST ROLLING HILLS CIRCLE	
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33328	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100001767361	☐ Change ☐ Addition
5.2 NAME	-04/03/96--01002--028	
5.3 STREET ADDRESS	***200.00	
5.4 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: Nobuaki Kasai, Director, Vice President and Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 02/26/96 — Daytime Phone # (954) 475-0400

CR2E034 (12/95)