

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

FILED

Apr 22 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 # 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
FORT LAUDERDALE FL 33328
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	% 3501 WEST ROLLING HILLS CIR	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	FORT Lauderdale	27	
City & State		City & State	
23	FL	28	
Zip		Country	
24	33328	25	USA
		29	
		30	

3. Date Incorporated or Qualified 07/29/1988	
4. FEI Number 65-0063966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROTH, JOEL NORTHERN TRUST PLAZA 301 YAMATO RD., STE. 1200 BOCA RATON FL 33431		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 607.0502 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	DVS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASAI, NOBUAKI	1.2 NAME	
STREET ADDRESS	3501 WEST ROLLING HILLS CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33433	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33328
TITLE	P/T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASAI, YOSHISUKE	2.2 NAME	
STREET ADDRESS	1 BANCHI NAITO-CHO	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHINJUKU-KU TOKYO JAPAN	2.4 CITY-ST-ZIP	
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 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: _____ NOBUAKI KASAI
VICE PRESIDENT 4/16/98 954-475-0400
EXT 406

CR2E034 (10/97)