

**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 # **M93359** (1)  
1. Corporation Name  
**SITY INTERNATIONAL INC.-USA**



Principal Place of Business: **4012 W LINEBAUGH TAMPA FL 33624**  
Mailing Address: **4012 W LINEBAUGH TAMPA FL 33624**

2. Principal Place of Business: **5269 Ehrlich Rd.**  
21 Suite, Apt. #, etc.  
22 **Tampa**  
City & State  
23 **FL**  
Zip: **33624** Country: **USA**  
24  
25  
26 **5269 Ehrlich Rd.**  
27 **Tampa**  
City & State  
28 **FL**  
Zip: **33624** Country: **USA**  
29  
30

3. Date Incorporated or Qualified: **08/09/1988**  
3a. Date of Last Report: **02/22/1995**  
4. FEI Number: **59-2912613**  
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

9. Name and Address of Current Registered Agent  
**CHIU, WINSTON**  
**3301 BAYSHORE BLVD. #1508**  
**TAMPA FL 33629**

10. Name and Address of New Registered Agent  
81 Name: **Chiu, Winston**  
82 Street Address (P.O. Box Numbers Not Acceptable): **5269 Ehrlich Rd.**  
83 **Tampa**  
84 City  
85 **FL** Zip Code: **33624**

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: \_\_\_\_\_ (Type or print name of registered agent and date, if applicable) (If NE, Registered Agent signature required with consent) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>OGAWA, AKIO</b>	
STREET ADDRESS	<b>905 N. FLA. AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>WINSTON, CHIU</b>	
STREET ADDRESS	<b>3301 BAYSHORE BLVD. #504</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	<b>PST Winston Chiu</b>
2.3 STREET ADDRESS	<b>5269 Ehrlich Rd.</b>
2.4 CITY-ST-ZIP	<b>Tampa, FL. 33624</b>
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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **June 14** 96  
Day, the Month & Year

CR2E034 (12/95)