

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 036 ****61.25

DOCUMENT # N35566 ✓

1. Corporation Name

JAPAN SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business

#2809
80 SW 8TH STREET
MIAMI FL 33130

Mailing Address

#2809
80 SW 8TH STREET
MIAMI FL 33130



2. Principal Place of Business

1 Suite, Apt. #, etc.
2 #1880
3 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.
27 #1880
28 City & State

3. Date Incorporated or Qualified

12/06/1989

4. FEI Number

59-2981534

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

9. Name and Address of Current Registered Agent

EUDO, AKIKO
80 SW 8TH ST.
#2809 #1880
MIAMI FL 33130

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

6-30-99

12.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BURRITT, M. CHASE	200 S BISCY, BLVD. STE 3900	MIAMI FL	<input type="checkbox"/>
VD	ENDO, AKIKO	80 SW 8TH ST. #2809	MIAMI FL	<input type="checkbox"/>
S	SOLOMON, DOUGLAS P.	200 E. LAS OLAS BLVD., #1900	FT LAUDERDALE FL	<input type="checkbox"/>
D	GRAGG, LAWRENCE	200 S. BISCAYNE BLVD	MIAMI FL	<input checked="" type="checkbox"/>
PD	HUDSON, ROBERT	701 BRICKELL AVE. #1600	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6-28-99 (305) 358-6006

0029347

CR2E037 (11/98)