

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005300 (8)

1. Corporation Name

MOA - MOKICHI OKADA ASSOCIATION INTERNATIONAL FO
UNDATION OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

10/26/1994

4. FEI Number

☒ Applied For
☐ Not Applicable

Principal Place of Business

Mailing Address

C/O WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE., #2000 (ATTN: S E LUCIO)
MIAMI FL 33131

C/O WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE., #2000 (ATTN: S E LUCIO)
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 80 S.W. 8 STREET

26 80 S.W. 8 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 2000

27 SUITE 2000

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33130 25 USA

29 33130 30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE.
SUITE 2000
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and the # associated

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME KAWAI, TOSHIKI
STREET ADDRESS ANTONIO BELLET #303, COMUNA DE PROVIDENCIA
CITY ST ZIP SANTIAGO DEL CHILE

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE DV
NAME KAMBE, NOBORU
STREET ADDRESS INSURGENTES SUR 659, ESQ. MARICOPA
CITY ST ZIP COL. NAPOLES, C.P., MEXICO

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE DST
NAME OKADA, YASUHIRO
STREET ADDRESS MARICOPA 10 7 PISO, COL. NAPOLES
CITY ST ZIP MEXICO, D.F.

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 017, 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

YASUHIRO OKADA

4/27/95 (305)358-2129