

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000005300 (8)**

1. Corporation Name

**MOA INTERNATIONAL - MOKICHI OKADA FOUNDATION, IN C.**



Principal Place of Business

Mailing Address

80 SW 8TH ST  
SUITE 2065  
MIAMI FL 33130  
US

80 SW 8 ST  
STE 2000  
MIAMI FL 33130  
US

3. Date Incorporated or Qualified  
**10/26/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **80 SW 8TH ST**

26 **80 SW 8TH ST**

4. FEI Number

**APPLIED FOR 65-0593434**

Applied For  
Not Applicable

22 **SUITE 2027**

27 **SUITE 2027**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 **MIAMI, FL**

28 **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip **33130** 25 Country **USA**

29 Zip **33130** 30 Country **USA**

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 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

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
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 617, 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  
**TOSHIAKI KAWAI**

**APRIL 19, 1996** (305)358-2129  
Date Daytime Phone #

CR2E037 (12/95)