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SECRETARY OF STATE
TALLAHASSEE FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005300 (8)**

1. Corporation Name

MOA INTERNATIONAL - MOKICHI OKADA FOUNDATION, IN C.

Principal Place of Business

Mailing Address

80 SW 8TH ST
SUITE 2027
MIAMI FL 33130
US

80 SW 8TH ST
SUITE 2027
MIAMI FL 33130-3003
US

3. Date Incorporated or Qualified

10/26/1994

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0573434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

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 **DP** ☐ DELETE
NAME **KAWAI, TOSHIKI**
STREET ADDRESS **ANTONIO BELLET #3000, COMUNA DE PROVIDENCIA**
CITY-ST-ZIP **SANTIAGO DEL CHILE**

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **MARTIN DE ZAMORA 3166**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **500002158265--0**
2.4 CITY-ST-ZIP **-04/29/97--01070--021**

3.1 TITLE *******61.25 *****61.25** Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **V/D** ☐ Change ☒ Addition
4.2 NAME **HIRAIZUMI, MASAHICO**
4.3 STREET ADDRESS **MARTIN DE ZAMORA 3166**
4.4 CITY-ST-ZIP **SANTIAGO, CHILE**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0020768

CR2E037 (9/96)