

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P05629 (1)

1. Corporation Name  
**PACIFIC AMERICAN INSTITUTE, INC.**



Principal Place of Business  
**49 STEVENSON ST #525 SAN FRANCISCO CA 94105**

Mailing Address  
**49 STEVENSON ST #525 SAN FRANCISCO CA 94105**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified **04/10/1985**

3a. Date of Last Report **03/09/1995**

4. FEI Number **94-2682236**

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. 109.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0012 and 607.0094, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office location with and accepts the obligations of Section 607.0094, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
D	AOKI, SHINJIRO	2-16 3-CHOME, GINZA, CHOU-KU	TOKYO JA	<input type="checkbox"/>
D	RAPHAEL, JAMES H.	1071 HEWITT DR	SAN CARLOS CA	<input type="checkbox"/>
SD	UMEKUBO, THOMAS M	609 5TH AVE	SAN FRANCISCO CA	<input type="checkbox"/>
PD	HOLYKO, JANET M.	343 SURREY STREET	SAN FRANCISCO CA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12"

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)(g), Florida Statutes. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of or new additions with an officer.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/96 415-512-960

CR2E034 (12/95)