


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

**APPROVED  
AND  
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95 APR 28 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P09488 (8)**

1. Corporation Name  
**BENIHANA FROZEN FOOD CORP.**

Principal Place of Business <b>9685 N.W. 53RD TERRACE MIAMI FL 33166</b>	Mailing Address <b>9685 N.W. 53RD TERRACE MIAMI FL 33166</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/20/1986</b>	3a. Date of Last Report <b>02/18/1994</b>
4. FEI Number <b>59-2306368</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	2b. City & State
23. Zip	24. Country
25. Zip	26. Country

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>AOKI, ROCKY</b>
STREET ADDRESS	<b>8685 N.W. 53RD TERRACE</b>
CITY- ST- ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b>
NAME	<b>SCHWARTZ, JOEL</b>
STREET ADDRESS	<b>8685 N.W. 53RD TERRACE</b>
CITY- ST- ZIP	<b>MIAMI FL</b>
TITLE	<b>VST</b>
NAME	<b>CARVALHO, ANTHONY J.</b>
STREET ADDRESS	<b>8685 N.W. 53RD TERRACE</b>
CITY- ST- ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T/S JUAN C. GARCIA</b>
3.3 STREET ADDRESS	<b>8685 NW 53RD TERRACE</b>
3.4 CITY- ST- ZIP	<b>MIAMI, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>V/D MICHAEL W. KATA</b>
4.3 STREET ADDRESS	<b>8685 NW 53RD TERRACE</b>
4.4 CITY- ST- ZIP	<b>MIAMI, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>V TAKA YOSHIMOTO</b>
5.3 STREET ADDRESS	<b>8685 NW 53RD TERRACE</b>
5.4 CITY- ST- ZIP	<b>MIAMI, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 secretary or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  SECRETARY/TREASURER 2/23/95 (305) 593-0770