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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P22886

(6)

YAMAHA CORPORATION OF AMERICA

Apr 29 1998 8:00am
Secretary of State

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Principal Place of Business Mailing Address 6600 ORANGETHORPE AVE 6600 ORANGETHORPE AVE BUENA PARK CA 90620 **BUENA PARK CA 90620** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1989 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 65-0056086 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ Added to Fees Trust Fund Contribution 23 28 Country Zφ Country 8. This corporation owes or has paid the current year intangible 30 Personal Property Tax due June 30. T Yes No. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 105 83 TALLAHASSEE FL 32301 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TO LE Change Addition TITLE NORIYUKI, EGAWA 1.2 NAME CR2E034 NAME **6600 ORANGETHORPE AVE** 1.3 STREET ADDRESS STREET ADDRESS **BUENA PARK CA** 14 CUTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE TSUNEO, KUROE 2.2 NAME NAME 6600 ORANGETHORPE AVE 2.3 STREET ADDRESS STREET ADDRESS **BUENA PARK CA** 2 4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 3 1 TITLE TITLE THOMAS, MICHAEL L 3.2 NAME NAME 6600 ORANGETHORPE AVE 3.3 STREET ADDRESS STREET ADDRESS **BUENA PARK CA** 3.4. CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE RYOICHI SHIMANUKI 4. 2 NAME NAME **6600 ORANGETHORPE AVE** 4.3 STREET ADDRESS STREET ADDRESS **BUENA PARK CA** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE SHUJI, ITO 52 NAME NAME 6600 ORANGETHORPE AVE. **53 STREET ADDRESS** STREET ADDRESS **BUENA PARK CA** 5.4 CITY - ST - ZIP CITY-ST-ZIP Change \_\_\_ Addition ■ DELETE 61 TITLE TITLE MORI, JUN K 62 NAME NAME **515 S FLOWER STE 1100** 63 STREET ADDRESS STREET ADDRESS LOS ANGELES CA 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4/23/90

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