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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P30506

Corpora ion Name

JAPAN PACIFIC TRADING CORPORATION

Principal Place of Business Mailing Address					
305 WEST BROAD STREET 305 WEST BROAD STREET					
GROVELAND FL 34736 GROVELAND FL 34736 US US		US		DO NOT WRITE IN TH	1 S SPACE
00		00		3. Date Incorporated or Qualifed	
				08/13/1990	
	lace of Business	2a. Mailing Address		4. FEI Number	App ied For
₂₁ Sau	e as above	Same as a	above	95-42 15442	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			-
City & State Same as above		City & State Same as a	above	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Coun ry	Zip	Country	This corporation owes the current year	
24 34376		— ^ ~~~~ [30 LAKE	Person a) Property Tax.	Yes []No
24	9. Name and Address of Currer	1==1		10. Name and Address of New Registers	e i Agent
			81 Name		
CAR	LTON, FIELDS W C		82 Street Ac	tress (P.O. Box Number is Not Acceptable)	
ONE	HARBOUR PLACE		62 Sileet At	Tiless (F.O. Box Number is Not Acceptable)	
POS	T OFFICE BOX 3239		83		
TAM	PA FL 33601		84 City		. 85 Zip Code
•				poration submits this statement for the purpose	· L
SIGNATUR E	Signature, typed or printed har ie of registered age		Registered Agent signature requ	u ad when reinstating) DATE ADDITIC NS/CHANGES TO OFFICERS	
12.		NC DIRECTORS ☐ DELETE	1.1 TITLE	PD	Change Addition
NAME	PB Tominaga, Yasuhiko	<u></u>	12 NAME	TOMINAGA, YASUHIKO	K
STREET ADORES S	5097 LATROBE DRIVE		13 STREET ADDRESS	5097 LATROBE DRIVE	
CITY-ST-ZIP	WINDERMERE FL		1.4 CITY-ST-ZIP	WINDERMERE, FL. 34786	
TITLE	1940E1METE 13	☐ DELETE	21 TITLE	·	Change Addition
NAME	TOMINAGA YOKO		2.2 NAME	STD TOMENA CA NOVO	
STREET ADDRES S	851 BURLWAY ROAD, SUITE	400	2.3 STREET ADDRESS	TOMINAGA, YOKO	
CITY-ST-ZIP	BRULINGAME CA		2.4 CITY-ST-ZIP	5097 Latrobe Drive	
TITLE		☐ DELETE	3.1 TITLE	- Windermere, FL. 34786	☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4 4 CITY-ST-ZIP		Change Addition
TITLE			51 TITLE 52 NAME		Clouding Clymanion
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			54 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition
,,,,,,,			62 NAME		· · -

6.3 STREET ADDRESS

14. Thereby 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 contry 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

4/26/99

(352) 429-2101

CR2E034 (11/98)