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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P33261 (9)

1. Corporation Name
MKK TECHNOLOGIES, INCORPORATED



Principal Place of Business: 39209 W. 6 MILE RD. STE. 204 LIVONIA MI 48152
Mailing Address: 39209 W. 6 MILE RD. STE. 204 LIVONIA MI 48152-2630

3. Date Incorporated or Qualified: 03/20/1991
3a. Date of Last Report: 03/06/1996
4. FEI Number: 95-3979679
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. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	NOGAMI, YOSHIYUKI	
STREET ADDRESS	39209 W SIX MILE ROAD, STE 204	
CITY - ST - ZIP	LIVONIA MI	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	OKABE, SHOJI	
STREET ADDRESS	700 S FLOWER ST, STE 1200	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	MOROOKA, ISAO	
STREET ADDRESS	39209 W SIX MILE ROAD, STE 204	
CITY - ST - ZIP	LIVONIA MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROPER, THOEDORE J.	
STREET ADDRESS	515 S. FLOWER ST.	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAEDA, YASUJI	
STREET ADDRESS	10-26 FUJIMI 2-CHOME	
CITY - ST - ZIP	CHIYODA-KU TO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORITA, SUSUMU	
STREET ADDRESS	39209 W SIX MILE ROAD, STE 204	
CITY - ST - ZIP	LIVONIA MI	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: 4/16/97 Daytime Phone #: (313) 462-2230

CR2E034 (9/96)