

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000000576 (8)

1. Corporation Name

SKYWAY ENTERPRISE, INC.



Principal Place of Business

433 S ROYAL POINCIANA BLVD #M-214
MIAMI SPRINGS FL 33166

Mailing Address

433 S ROYAL POINCIANA BLVD #M-214
MIAMI SPRINGS FL 33166

3. Date Incorporated or Qualified
10/28/1992

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

65-0373513

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

FARMER, DAN
1926 HOLLYWOOD BLVD #227
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed and dated)

Signature of Registered Agent (must be signed and dated)

DATE

12. OFFICERS AND DIRECTORS

1. NAME

DP
NOGAMI, KAZUNOBU
433 S ROYAL POINCIANA BLVD #M-214
MIAMI SPRINGS FL

☐ DELETE

2. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY, ST, ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY, ST, ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

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29. NAME

30. STREET ADDRESS

31. CITY, ST, ZIP

32. TITLE

33. NAME

34. STREET ADDRESS

35. CITY, ST, ZIP

36. TITLE

37. NAME

38. STREET ADDRESS

39. CITY, ST, ZIP

40. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

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33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. 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 119.07(3)(k), 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:

K. Nogami / KAZUNOBU NOGAMI 17 Jan '96 (305) 888-6439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (12/95)