## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000017186 (6)

**SHOWA CORPORATION** 

## **FILED** Apr 20 1998 8:00am Secretary of State



|  |  |  |                    |          |  | <u>-</u> {   | FB14 10001 71071 10410 0711 1001  |         |
|--|--|--|--------------------|----------|--|--|-----------------------------------|---------|
| Principal Place                                | of Business  | Mailing Address                                |                    |          |  | -  |                                   |         |
| 3032 NE CENTER AVE.<br>FY. LAUDERDALE FL 33308 |  | 3032 NE CENTER AVE.<br>FT. LAUDERDALE FL 33308 |                    |          |  | DO NOT WRITE IN THIS SPACE   |                                   |         |
|  |  |  |                    |          |  | 3. Date Incorporated or Qualified 03/03/1993   | 0.7702                            |         |
| 2. Principal Pl                                | ace of Business                                      | 2a. Mading Address                             |                    |          |  | 4. FEI Number  | Applied For                       |         |
| 21   |  | 26   |                    |          |  | 65-0396468   | Not Applicat                      |         |
| Suite, Apt. 4                                  | #, etc.  | Suite, Apt. #, etc.                            |                    |          |  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |         |
| City & State                                   | )  | City & State                                   |                    |          |  | 6. Election Campaign Financing   | \$5.00 May Be                     | П       |
| 23   |  | 26   |                    |          |  | Trust Fund Contribution  | Added to Fees                     |         |
| Zip  | Country  | Zip  | Cou                | ıntry    |  | 8. This corporation owes or has paid the o   |                                   |         |
| 24   | 25   | 29   | 30                 |          |  | Personal Property Tax due June 30.   | Yes No                            |         |
|  | 9. Name and Address of Current                       | Registered Agent                               |                    | ļ.,.     |  | 10. Name and Address of New Registers  | d Agent                           |         |
| SAI  | TO, SUSUMU   |  |                    | 81       | Name   |  |                                   |         |
| 3032 NE CENTER AVE.                            |  |  |                    | 82       | Street Address (P.O. Box Number is Not Acceptable) |  |                                   |         |
| FT.  | LAUDERDALE FL 33308                                  |  |                    |          |  |  |                                   |         |
|  |  |  |                    | 83       |  |  |                                   |         |
|  |  |  |                    | 84       | City   | <u> </u>   | 85 Zip Code                       |         |
| office or re                                   | adstered agent, or both, in the State o              | if Florida. Such change was                    | authorize          | d by     | the corporati                                      | oration submits this statement for the purpose ion's board of directors. I hereby accept the a | of changing its register          | ed<br>d |
| agent. I ar                                    | n familiar with, and accept the obligat              | ions of, Section 607.0505, F                   | Iorida Stat        | tutes.   |  |  |                                   |         |
| SIGNATURE .                                    | Signature, typed or printed name of registered agent | and title if applicable. (NC                   | TF: Registere      | d Agen   | nt signature requir                                | ed when reinstating) DATE  |                                   | -       |
| 12.  | OFFICERS AND   | DIRECTORS                                      | 13.                |          |  | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTORS IN 12                |         |
| TITLE  | <b>DPT</b>   | ☐ DELETE                                       | - 1.1 T(           | TLE      |  |  | Change C Addit                    | ion .   |
| NAME   | <b>S</b> AITO, SUSUMU                                |  | 1.2 NAME           |          |  |  |                                   |         |
| STREET ADDRESS                                 |  |  | TREET A            | ADORESS  |  |  |                                   |         |
| CITY-ST-ZiP                                    | FT. LAUDERDALE FL 33308                              |  | 1.4 0              | TY-ST    | - ZIP  |  |                                   |         |
| TITLE  | DVS  | DELETE   | 2.1 TI             | TLE      |  |  | Change Addit                      | ion     |
| NAME   | YOSHIUE, MITSUO                                      |  | 2.2 N              | 2.2 NAME |  |  |                                   |         |
| STREET ADDRESS                                 | 3024 NE CENTER AVE.                                  |  | 2.3 STREET ADDRESS |          | ADDRESS  |  |                                   |         |
| CITY-ST-ZIP                                    | FT. LAUDERDALE FL 33308                              |  | 2.40               | HTY-S1   | T- <b>Z</b> IP                                     |  |                                   |         |
| TITLE  | VP   | ☐ DELETE                                       | 3.1 Th             | TLE      |  |  | Change Addit                      | ion     |
| NAME   | KAWASHIMA, TUTAKA                                    |  | 3.2 N              | AME      |  |  |                                   | l       |
| STREET ADDRESS                                 | 3024 NE CENTER AVE                                   |  | 3.3 S              | TREET A  | address  |  |                                   |         |
| CITY-ST-ZIP                                    | FT LADUERDALE FL                                     |  | 3.4. 0             | ITY-SI   | r-zip  |  |                                   |         |
| TITLE  |  | DELETE   | 4.1 TI             | TLE      |  |  | ☐ Change ☐ Addit                  | ion     |
| NAME   |  |  | 4. 2 N             | IAME     |  |  |                                   |         |
| STREET ADDRESS                                 |  |  | 4.3 \$             | TREET A  | ADDRESS  |  |                                   |         |
| CITY-ST-ZIP                                    |  |  | 4.4 C              | ITY-ST   | - ZIP  |  |                                   |         |
| TITLE  |  | DELETE   | 5.1 TI             | TLE      |  |  | Change L Addit                    | ion     |
| NAME   |  |  | 5.2 N              | AME      |  |  |                                   |         |
| STREET ADDRESS                                 |  |  | 5.3 S              | TREET A  | address  |  |                                   |         |
| CITY-ST-ZIP                                    |  |  | 5.4 C              | ITY-ST   | - ZIP  |  |                                   |         |
| TITLE  |  | ☐ DELETE                                       | 6.1 TI             | TLE      |  |  | Change Addit                      | ion.    |
| NAME   |  |  | 6.2 N              | AME      |  |  |                                   |         |
| STREET ADDRESS                                 |  |  | 6.3 S              | TREET #  | address  |  |                                   |         |
| CITY-ST-ZIP                                    |  |  | 64 C               | ITY-ST   | - ZIP  |  |                                   |         |
|  | adify that the information augustian wit             | h this filipp does not qualify                 | for the ev         | amati    | ion stated in                                      | Section 119 07/3)(i) Florida Statutes I further  | certify that the information      | on l    |

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 certify that the informatic 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

D/000

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