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**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022919 (3)

JAPAN HOUSE, INC.

## **FILED** Apr 13 1998 8:00am Secretary of State

| Principal Piece of Business Mailing Address  |   |  |  | F CONCERN AND COME AND ADDRESS OF THE PERSON | f Mitten arban fakan ebake and                | in itie isa  |
|--|---|--|--|--|---|--|
| 4526 N. UNIVERSITY DR<br>LAUDERHILL FL 33351   |   | 4526 N. UNIVERSITY D<br>LAUDERHILL FL 33351  | R  | DO NOT WRITE   | IN THE ODAOF                                  |  |
| US   |   | U\$  |  | DO NOT WRITE IN THIS SPACE   |   |  |
|  |   |  |  | 3. Date Incorporated or Qualified 03/26/1993   |   |  |
| 2. Principal Pl  | lace of Business  | 2a. Mailing Address  |  | 4. FEI Number  | Ar  | plied For  |
| 1  |   | 26   |  | 65-0413746   | No  | t Applicabl  |
| Suite, Apt. 1  | #, etc.   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   |   | Additional<br>equired                                      |
| City & State   | 9   | City & State   |  | Election Campaign Financing     Trust Fund Contribution  | \$5.00<br>Added                               |  |
| Zip  | Country   | Zip  | Country  | 8. This corporation owes or has paid   |   |  |
| 4  | 26  | 29   | 30   | Personal Property Tax due June 3   |   | No   |
|  | 9. Name and Address of Cur  | rrent Registered Agent   |  | 10. Name and Address of New Reg  | jistered Agent                                |  |
| WA   | ng, TSU Y   |  | 81 Name  |  |   |  |
| 452  | 86 N. UNIVSERSITY DR  |  | 82 Street Add  | dress (P.O. Box Number is Not Acceptable   | e)  |  |
| LAU  | JDERHILL FL 33351   |  |  |  |   |  |
|  |   |  | 83   |  |   |  |
|  |   |  | 84 City  |  | <b>—. 85</b> Zip                              | Code   |
|  |   |  |  | rporation submits this statement for the pu  |   |  |
| office or re<br>agent. I ar  | egistered agent, or both, in the SI<br>m familiar with, and accept the of                       | bligations of, Section 607.0505,   | Florida Statutes.  | ,  |   |  |
| office or re<br>agent. I ar<br>SIGNATURE   | m ramiliar with, and accept the or<br>Signature, typind or printed have of registering          | Diligations of, Section 607.0505,  | Floricia Statutes.  OTE: Registered Agent signature requ   | uired when reinstating)  | DATE  | RS IN 12   |
| office or re<br>agent. Far<br>SIGNATURE  | m ramiliar with, and accept the or<br>Signature, typind or printed have of registering          | bligations of, Section 607.0505,   | Florida Statutes.  |  | DATE  |  |
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| office or reagent. I are SIGNATURE  12.  TITLE  NAME   | Signature, typed or presed name of registering OFFICERS  D WANG, TSU Y 4890 SW 104 AVE          | Digations of, Section 607.0505,  Lagest and tille if applicable (N AND DIRECTORS                 | OTE Repistered Agent signature req.  13. 1.1 TITLE   | uired when reinstating)  | DATE<br>ERS AND DIRECTOR                      |  |
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