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Mailing Address

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% SAKKIO JAPAN 95 ROYAL CT.

MARKHAM, ONTARIO CA LIGREX

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

905 474-0710

Jan. 9, 1997

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000041824 (2)

SJ BOCA RATON FOOD INC.

Principal Place of Business

6299 WEST SUNRISE BLVD.

SIGNATURE:

STE. 207A

SUNRISE FL 33313

3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1993 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0426282 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Ζıρ Country Zipi Country 8. This corporation has fiability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WANG, MING C 6299 WEST SUNRISE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 207A SUNRISE FL 33313 83 84 City Zip Code 85 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 Signature types or proced respect registered agent and little if apolicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE Change TITLE 11 TITLE CHOMPOONICH, EDDY NAME 1.2 NAME 11803 NW 13TH ST. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-7P 1.4 CITY - ST - ZIP Change DELETE TITLE VSD 2.1 TITLE Addition CHIM, DANIEL NAME 2.2 NAME 16 PERDUE CT. 2.3 STREET ADDRESS STREET ADDRESS MARKHAM ON CITY-ST-ZIE 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS City - St - ZiP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 City - ST - ZIP CITY-ST-ZIP Addition Change DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5.4 CITY-ST-2IP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this tring 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 repelver 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.

> Dartiel Chin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR