

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000059424 (0)

1. Corporation Name
FLORIDA MASTERS PACKING, INC.



Principal Place of Business: 2306 S KINGS HWY FT PIERCE FL 34945 US
Mailing Address: 2306 S KINGS HWY FT PIERCE FL 34945 US

3. Date Incorporated or Qualified: 08/25/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0437127
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 (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Zip Country

9. Name and Address of Current Registered Agent: CLEM, CHESTER 2770 INDIAN RIVER BLVD VERO BEACH FL 32960
10. Name and Address of New Registered Agent (81-85)
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 607.0602 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: _____ DATE: _____
Signature typed or printed name of registered agent and Florida address: _____ Date Registered Agent signed report (after registration): _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZUNO, AKIO	12. NAME	
STREET ADDRESS	2918 S A1A	13. STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	14. CITY-ST-ZIP	
TITLE	D	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMAZAWA, MASA	22. NAME	
STREET ADDRESS	1350 BAYSHORE HWY, STE 777	23. STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA	24. CITY-ST-ZIP	
TITLE	D	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISHINAKA, TED	32. NAME	
STREET ADDRESS	401 HACKENSACK AVE	33. STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ	34. CITY-ST-ZIP	
TITLE	D	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYAKAWA	42. NAME	
STREET ADDRESS	2-1 OHEMACHI 1-CHOME	43. STREET ADDRESS	
CITY-ST-ZIP	CHIODA-KU TOKYO JA	44. CITY-ST-ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHORI, NOBUYUKI	52. NAME	
STREET ADDRESS	17-22 HIKARIGAOKA MISHIMA-CITY	53. STREET ADDRESS	
CITY-ST-ZIP	SHIZUOKA JA	54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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 119.0703(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, in an attachment with an address.

SIGNATURE: AKIO MIZUNO 5/20/96 407-460-7529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)