

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

FILED

Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34945-2642 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/25/1993	3a. Date of Last Report 05/28/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0437127	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CLEM, CHESTER 2770 INDIAN RIVER BLVD VERO BEACH FL 32980		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZUNO, AKIO	1.2 NAME	
STREET ADDRESS	2916 S A1A	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMAZAWA, MASA	2.2 NAME	D
STREET ADDRESS	1350 BAYSHORE HWY, STE 777	2.3 STREET ADDRESS	601 South Figueroa St #1800
CITY-ST-ZIP	BURLINGAME CA	2.4 CITY-ST-ZIP	Los Angeles, California 90017
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NISHINAKA, TED	3.2 NAME	Seiki Takahashi
STREET ADDRESS	401 HACKENSACK AVE	3.3 STREET ADDRESS	601 South Figueroa St # 1800
CITY-ST-ZIP	HACKENSACK NJ	3.4 CITY-ST-ZIP	Los Angeles, California 90017
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYAKAWA	4.2 NAME	D
STREET ADDRESS	2-1 OHEMACHI 1-CHOME	4.3 STREET ADDRESS	Norio Ohnuki
CITY-ST-ZIP	CHIODA-KU TOKYO JA	4.4 CITY-ST-ZIP	2-1 Ohtemachi 1-Chome
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHORI, NOBUYUKI	5.2 NAME	
STREET ADDRESS	17-22 HIKARIGAOKA MISHIMA-CITY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHIZUOKA JA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	300002116473
STREET ADDRESS		6.3 STREET ADDRESS	-03/18/97--01077--032
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***330.00

14. I do hereby 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 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 in the attachment with an address.

SIGNATURE:  **AKIO MIZUNO 1-14-97 561-460-7529**

CR2E034 (9/96)