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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000065155 (2	DOCUMENT #	P93000065155	(2)
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YAMA	ato Japanese Steak HC	DUSE, INC.				
Principal Place	of Business	Mailing Address				00111 00116 01101 01101 11001 01161 0116
681 DELMONICO STREET NE 681 DELMONICO STR PALM BAY FL 32907 PALM BAY FL 32907						
					3. Date incorporated or Qualified 09/15/1993	3a. Date of Last Report 03/17/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3201604	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	2	City & State				Fee Required
23	7	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	v	B. This corporation has liability for inta	
24	25	29	30	,		No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent
			8	Name		
	ENTER, IN T		82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	ELMONICO STREET NE			<u> </u>		
PALM	BAY FL 32907		83	3		
			84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
				<u> </u>		
or register	ed agent, or both, in the State of Fiori	ida. Such change was authori	zed by the con	named cor poration's b	poration submits this statement for the purpo- loard of directors. Thereby accept the appoint	ise of changing its registered office timent as registered agent. Lam
familiar wit	th, and accept the obligations of, Sec	tion 607.0505, Florida Statute	s.			
SIGNATURE	Signature, typical or printed name of registered agen	Anna de anto Mana de Carlo	citi. n. Tulius ku		gured when reinstatings	
12.		ID DIRECTORS	13.	a i signature rec	ADDITIONS/CHANGES TO OFFICE	DATE BS AND ENRECTORS IN 12
TILLE	D	DELETE	1. 1 TITLE		7.001.01.01.01.01.01.01.01.01.01.01.01.01	Change Addition
NAME	CARPENTER, IN T		1.2 NAME	1		- · <u>-</u>
STREET ADDRESS	681 DELMONICO STREET		1.3 STREE	I ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		1.4 C-TY -	ST ZIP		
TITLE		☐ DELETE	2 1 TETLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STHEE	LADDRESS		
CITY-ST-ZIP			2 4 CITY -	SI - ZIP	,	
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			3 2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIP TITLE		☐ DELETE	3 4 CHY-	S1 - ZIP		Change C 443's:
			4. 1 TILE			☐ Change ☐ Addition
NAME CIDELL ADDRESS			4.2 NAME	LADDESES		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIF TIPLE	<u> </u>	DELETE	4.4 CiTy - 5 1 Title		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME			[] 5.mags [] 140 1011
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			5 4 CITY-			
TITLE		□ DELFTE	6 1 TITLE			Change Addition
NAME		_	6.2 NAME			
STREET ADDRESS				1 ADDRESS		
C:TY-ST-Z:P			6.4 CHTY-			
	y certify that the information supplied	with this filing is voluntarily fun		oc pot publi	by for the execution stated in Section 110.07	(2)(IA) Florido Obal des 14 milios

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 comporation of 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 afactment with an address.

SIGNATURE:

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29. 96 401-951-1913