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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000074188 (2)

YASAKA INTERNATIONAL, INC.

Mailing Address Principal Place of Business 14497 N DALE MABRY HWY 14497 N DALE MABRY HW STE 201 **STE 201** TAMPA FL 33618 TAMPA FL 33818-2047 us 3. Date incorporated or Qualified 3a. Date of Last Report 05/01/1996 10/19/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 3903 Northdale Blud 21B903 Northdale Blud 59-3207400 Not Applicable \$8.75 Additional П Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 26 This corporation has liability for intangible tax under s. 199.032. talls bordus Yes No Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name SHINO, YOSHIYA 3301 BAYSHORE BLVD Address (P.O. Box Number is Not Acceptable) 82 #1508 83 **TAMPA FL 33629** 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13. Addition | □ D€LETE 1.1 TITLE Change THUE SHINO, YOSHIYA 1.2 NAME NAMI 3301 BAYSHORE BLVD #1508 1.3 STREET ADDRESS STREET ADORESS **TAMPA FL 33629** 1.4 CITY-ST-ZIP 011Y - ST - 20F Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET AFIGRESS 2. 4 CITY - ST - ZIP CHTY-51-741 ☐ Change Addition ☐ DELETE 31 TITLE THE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST ZIP Change Addition DELETE 4.1 TITLE Title F 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-S1-ZIF Change Addition DELETE 5.1 TITLE THEF 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

City - ST - Zif

CITY-ST ZIP

TITLE

NAME STREET ADDRESS

DELETE

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 on an attachyter with an address.

☐ Change

Daytime Phone #

Addition

FILED

Apr 14 1997 8:00am

Secretary of State