

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

FILED
Jun 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000080436 (7)
 1. Corporation Name
IREZUMI OF FLORIDA, INC.



Principal Place of Business
**3323 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33308**

Mailing Address
**C/O SO BRWD AGCT SRVC
 2611 N. HATFIELD ROAD #113
 COOPER CITY FL 33026-1303**

3. Date Incorporated or Qualified
11/15/1993

3a. Date of Last Report
03/18/1996

2. Principal Place of Business
 21 **AS ABOVE**

2a. Mailing Address
 26 **40 MALA S. KHAN, CPA**

22 Suite, Apt. #, etc.
 27 **8 KENNEDY DR.**

23 City & State
 28 **ALBANY NY**

24 Zip
 25 Country
 29 **12205** 30 **ALBANY**

FEI Number
65-0462503

Applied For
 Not Applicable

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

9. Name and Address of Current Registered Agent
**BART, DAMIEN
 3323 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
 81 Name **BART, BRUCE**
 82 Street Address (P.O. Box Number is Not Acceptable)
3323 E OAKLAND PK BLD
 83 **1**
 84 City **FT LAUDERDALE FL** 85 Zip Code **33308**

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 **BRUCE BART** **PRESIDENT** **4/28/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BART, BRUCE
STREET ADDRESS	3323 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33308
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, BRUCE
STREET ADDRESS	3323 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33308
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attachment with an address

SIGNATURE **BRUCE BART** **4/28/97** (ER) 432-1905

CR2E034 (9/96)