

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****400.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000000486 (8)

1. Corporation Name

MIMORA FLORIDA CORPORATION

Principal Place of Business
24 SOUTH WALTON AVENUE
TARPON SPRINGS FL 34689

Mailing Address
24 SOUTH WALTON AVENUE
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified
01/04/1994

3a. Date of Last Report

4. FEI Number
59-3231524

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, JOHN H
24 W. WALTON AVENUE
TARPON SPRINGS FL 34689

81 Name

Capital Connection, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

417 E. Virginia St., Suite 1

83

84 City

Tallahassee

FL

85 Zip Code
32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME AOYANA, TETSUO
STREET ADDRESS 8-47 3-CHOME
CITY-ST-ZIP IZUMI SUGINAMI KU TOKYO

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D, P, S, T

Change Addition

1.2 NAME

M. Takashima

1.3 STREET ADDRESS

No. 33-2, 6-Chome

1.4 CITY-ST-ZIP

Asakusa, Daito-Ku, Tokyo, Japan

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change 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 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 corporation or the transferor or transferee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Name)

(Signature Number)