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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400047820 1. Corporation Name MIVAKO INC

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90040 046 ***150.00

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Principal Place		. Mailing Address							
100 SOUTH MI/ BAY #3	ami ave	P.O. BOX 420140 Miami Fl. 33242							
MIAMI FL 33130 US						DO NOT WRIT	TE IN THIS	SPACE	
US						3. Date Incorporated or Qualifed			
					_	06/27/1994		1 1 4	lied Ear
	face of Business	2a. Mailing Address				4. FEI Number			ot Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.			_	65-0501114			Additional
22	n, etc.	27				5. Certifcate of Status Desired			equired
City & Stat	te	City & State			_	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the curr			
24	<u> </u>	29 -	30		<u>-</u> ·	Personal Property Tax.		Yes	⊠ No
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New F	redistered	Agent	
ENO	MOTO MIVAKO								
ENOMOTO, MIYAKO 1323 SW 40TH AVENUE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	MI FL 33134			83	_				
	W. 12 00 10 1							1	
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050; registered agent, or both, in the State	2 and 607.1508, Florida Stat of Florida. Such change was	utes, the a		- /	poration submits this statement for the pon's board of directors. I hereby accept	purpose of ot the appoin	changing its	s registered egistered
SIGNATURE	to the provisions of Sections 607.050: registered agent, or both, in the State am familiar with, and accept the obligat Signature, typed or printed name of registered agen	٧٠.		above- d by th tutes.	-named corpo he corporation	nd when reinstating)	purpose of ot the appoint		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NC		above- d by th tutes.	-named corpo he corporation	nd when reinstating) ADDITIONS/CHANGES TO OF	purpose of the appoint DATE FICERS AN	D DIRECT	ORS IN 12
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STGNATUXE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR