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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
May 05 1998 8:00am
Secretary of State

POCUMENT # P94000055686 (7)					
TOHO U.S.A., INC.				I REMINDE HE TRUE DE LE MAIN ACTUAL DE LE MAIN ACTUAL DE LE MAIN D) AMEL DILIS BEIDL LOCKS BLALLOS
					
Principal Plac	e of Business	Mailing Address		10041001 110 10114 01011 00111 00111 00111 00111	e delde dring großt blitik arti illit
8373 LAKE D	RIVE	8373 LAKE DRIVE			
[G-303 MIAMI FL 33166		G-303 MIAMI FL 33166		DO NOT WRITE IN TH	HIS SPACE
US	•	US		3. Date Incorporated or Qualified	
				07/27/1994	
<u> </u>	lace of Business	2a. Mailing Address		4. FE! Number	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.		65-0512936	Not Applicable \$8.75 Additional
22	n, g to	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	' "
24	9. Name and Address of Current		0	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
		-	81 Name	Ci .) C .	ou Aguin
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST.			l i	Address (P.O. Box Number is No Acceptable)	
TALLAHASSEE FL 32301			82 Street	Address (P.O. Box Number is Not Acceptable)	
) "			83		
,			84 City		- 85 Zip Code
					*L 33\30
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 Types or profess from the first a post circle title (if pupils at 1) (NOTE: Registered Agent signature required when reinstating) DATE ONTE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	D	Change
NAME	\$ AIGA, SHINTARO		1.2 NAME		
STREET ADDRESS	7800 RED RD., STE. 219AA		1.3 STREET ADDRESS	Saiga, Shintoro by sw and Ave	اِ
CITY-ST-ZIP	MIAMI FL		1.4 CITY-SI-ZIP	Mani, & 33130	
TITLE	PD NOOADA	☐ DELETE	2.1 TITLE		Change Addition
NAME	HIDETO, HOSADA 8-9 unoki sayama-shi		2.2 NAME		1
STREET ADDRESS	SAITAMA JA		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		,
CITY-ST-ZIP	VD VD	DELETE	31 TITLE		Change Addition
NAME	TOMOYASU, AOKI	_	3.2 NAME		
STREET ADDRESS	5-10-2 MAMA ICHIKAWA-SHI		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHIBA JA		3.4. CITY- ST- ZIP		
TITLE		☐ DELET E	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 THILE		Change Addition
TITLE NAME		FT DETECT	5.2 NAME		crossings required)
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	4 .		6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 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 suppliemental 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:

MAPD

4/28/98

305-159-2010