

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062278 (4)

1. Corporation Name

NIPPON MOTORS LTD., INC.

Principal Place of Business

**1221 BRICKELL AVE SUITE 900
MIAMI FL 33131**

Mailing Address

**1221 BRICKELL AVE SUITE 900
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/24/1994

4. FEI Number

05-0533200

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. 190.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 80 SW 8th STREET

2a. Mailing Address

25 80 SW 8th STREET

Suite, Apt., #, etc.

22 Suite 18

Suite, Apt., #, etc.

27 Suite 18

City/State

23 Miami

City/State

28 Miami

Zip

24 33130

Country

25 USA

Zip

29 33130

Country

30 USA

9. Name and Address of Current Registered Agent

**ALLEN, BLANDEL
14425 NE 6TH AVE
MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 then if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MASUDA, TOSHIO**
STREET ADDRESS **1221 BRICKELL AVE SUITE 900**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D**
NAME **ALLEN, BLANDEL**
STREET ADDRESS **14425 NE 6TH AVE**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME **80 SW 5th ST suite 18**
13 STREET ADDRESS
14 CITY-ST-ZIP **Miami FL 33130**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information furnished with this filing voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 included, or on an attachment with an address.

SIGNATURE: **X**

Signature (typed or printed name of signing officer or director)

April 18th

(305) 371-6562