

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

FILED
Apr 06 1998 8:00am
Secretary of State

| | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P94000073007 (4)**

1. Corporation Name

UNITED SPORTS SPECIALISTS CORPORATION



Principal Place of Business

Mailing Address

**5553 ANGLERS AVE.
DANIA FL 33312
US**

**5553 ANGLERS AVE.
SUITE E109 - 110
FT LAUDERDALE FL 33312
US**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/04/1994 | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 65-0524769 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State Suite 109-110 | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip FT Lauderdale FL | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAKASHI AKANUMA
5553 ANGLERS AVE.
SUITE 109 - 110
DANIA FL 33312
FT Lauderdale**

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 **X Takashi Akanuma**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------------------|--------------------------------------------|
| TITLE | CEO | <input checked="" type="checkbox"/> DELETE |
| NAME | HIROMICHI TAKAHASHI | |
| STREET ADDRESS | 5553 ANGLERS AVE., STE 109 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | STEHHOJ, NIELS | |
| STREET ADDRESS | 5553 ANGLERS AVE., STE 109 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DAVID HUEBER | |
| STREET ADDRESS | 5553 ANGLERS AVE., STE 109 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | TOSHITAKA OHMORI | |
| STREET ADDRESS | 5553 ANGLERS AVE., STE 109 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | TOSHIO MIKUNI | |
| STREET ADDRESS | 5553 ANGLERS AVE., STE 109 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | YASUO SEKIGUCHI | |
| STREET ADDRESS | 5553 ANGLERS AVE., STE 109 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |

| | |
|---------------------------|-------------------------------------------------------------------|
| 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 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 **X**

3/31/98

CR2E034 (10/97)