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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000000101**1. Corporation Name

CLARESAN INTERNATIONAL, INC.

							-	4131 88211 88111 8848		
Principal Place	e of Business	Mailin	g Address							
340 ROYAL PAI	LM WAY	340 RG	DYAL PALM WAY							
STE205			STE 205				DO NOT WRITE IN THIS SPACE			
PALM BEACH F	FL 33480	_	PALM BEACH FL 33480				DO NOT WRITE IN THIS SPACE			
US US							3. Date Incorporated or Qualifed			
						-	01/03/1995			
2. Principal P	lace of Business	2a. M	ailing Address				4. FEI Number	· _		ed For
21	·	26		_			98-0116400			pplicable
Suite, Apt.	#, etc.	Sı	uite, Apt. #, etc.				5. Certifcate of Status Desired			ditional
22		27					5. Contracte of States Seemed	Fe	e Requ	ired
City & Stat	e .	Ci	ity & State	_		•	6. Election Campaign Financing	ຸ ່ \$5.	00 м	ay Be
23		28					Trust Fund Contribution	Add	ted to f	Fees
Zip	Country	Zi	р	Cot	ıntry		8. This corporation owes the current	year Intangible		
24	25	29	•	30	,		Personal Property Tax.	Yes]No
24	9. Name and Address of Curre		ed Agent	1001	Τ		10. Name and Address of New Reg	Istered Agent		
	U. Halling and Address of Callet				81	Name				
HIRC	OKO, NAKAMOTO							• •		
			82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	39 PARK DR									
PALI	M BEACH GARDENS FL 33410				83					
	•				84	City		85	Zip Co	de
					"	City			p	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.	1508, Florida Statut	es, the a	bove	-named corpo	pration submits this statement for the pur	pose of changin	g its re	gistered
office or r	registered agent, or both, in the State	of Florida.	Such change was a	uthonzeo	o by '	the corporatio	n's board of directors. I hereby accept the	e appointment a	s regis	tered
agent. I a	m familiar with, and accept the obliga	ations of, Se	ection 607.0505, Flo	noa Stat	utes.	•				
SIGNATURE								DATE:		
	Signature, typed or printed name of registered age			_ i _	<u> </u>	t signature required		DATE	CTOB	C IN 12
12.	OFFICERS AI	ND DIRECT		13.			ADDITIONS/CHANGES TO OFFIC	Chai		Addition
TILE	PD		☐ DELETE	1.1 TI		1		□ Cilai	iye	☐ Addition
NAME	NAKAMOTO, HIROKO			1.2 N	AME					
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CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3410		1.4 C	πy-51	r-ZIP				
TITLE			☐ DELETE	2.1 TI	ITLE					☐ Addition
NAME:								☐ Chai	nge	
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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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90015 024 ***150.00