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

P95000040177 (4) DOCUMENT #

MOMOTARO ENTERPRISES, INC.

Principal Place of Business Mailing Address 10190 E CALUSA CLUB DR 10190 E CALUSA CLUB DR MIAMI FL 33186 MIAMI F1 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0597992 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 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 current year Intangible Noda 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Flegistered Agent 81 Name RASKIN, ANN T 10190 E CALUSA CLUB DR 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** В3 City 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 Min, and accept the obligations of, Section 607.0505, Florida Statutes. office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. to Jugeth and tob. 11 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 THE RASKIN, ANN T NAME 1.2 NAME 10190 E CALUSA CLUB DR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE RATHBUN, DAVID NAME 2.2 NAME 10190 E CALUSA CLUB DR STREET ADDRESS 2.3 STREET ADDRESS

2 4 CITY-\$1-ZIP

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6.4 CITY - \$1 - ZIP CITY-SY-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 trusted expowered 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 an an attachment with an address.

SIGNATURE:

MIAM! FL

CITY-ST-ZIP

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May 14 1998 8:00am

Secretary of State