

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054937 (4)

1. Corporation Name
LITTLE KYOTO, INC.



| | |
|--|--|
| Principal Place of Business 3550 BISCAYNE BLVD. SUITE 610 MIAMI FL 33137 | Mailing Address 3550 BISCAYNE BLVD. SUITE 610 MIAMI FL 33137 |
|--|--|

| | |
|--|-------------------------|
| 3. Date Incorporated or Qualified 07/17/1995 | 3a. Date of Last Report |
|--|-------------------------|

| | |
|--------------------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 3138 COMMODORE PLZ |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 SUITE # 26 |
| City & State 23 | City & State 28 COCONUT GROVE, FL |
| Zip 24 | Country 25 |
| Country 29 33133 | Country 30 USA |

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-0601179 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| |
|---|
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLETTI, JOSEPH R
3550 BISCAYNE BLVD.
SUITE 610
MIAMI FL 33137**

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| NAME | PSVD MARRA, HUONG D | 1.2 NAME | |
| STREET ADDRESS | 1220 N.E. 196TH ST. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI SHORES FL 33138 | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| NAME | D TRAN, LAM H | 2.2 NAME | |
| STREET ADDRESS | 1220 N.E. 196TH ST. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI SHORES FL 33138 | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change: <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

X. Rana June Teane MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/1996 (305)461-5113
Date Daytime Phone

CR2E034 (12/95)