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

PROFIT CORPORATION ANNUAL REPORT

1996



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

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DOCUMENT #	P95000054937 (1

DOCUI 1. Corporation	MENT # P9500	00054937 (4))			
LITTLE	E KYOTO, INC.				1 110 110 110 110 110 110 110 110 110 1	
Principal Place	of Business	Mailing Address			- I IOOJIBEN IJA IDIDI DIRIK OEKK ODR	9 091/1 001/01 61/1/ 01010 10100 11/1/ 1001 1001
3550 BISCAY SUITE 610 MIAMI FL 33		3550 BISCAYNE BLVD. Suite 610 Miami Fl 33137			3. Date Incorporated or Qualified	3a. Date of Lasi Report
					07/17/1995	our bate of cast risport
	ncipal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
Suite, Apt. a	26 3138 COMMODORE P		PLZ	65-0601179	Not Applicable	
SUIIO, AQIL. 1 22	#, C IC.	Suite, Apt. #, etc. 27	+ 26		5. Certificate of Status Desired	\$8.75 Additional
City & State)	City & State	160		Election Campaign Financing	Fee Required
23		28 COCONUT GRO	IVE .	${f FL}$	Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24]	Country 25	Zip 29 3313 <i>3</i>	Country 30 US		8. This corporation has liability for intangible tax under s 199.032,	
	9. Name and Address of Curre	1 - 1	30 00		Florida Statutes Yes 10. Name and Address of New F	No
			81	Name	10. Traine and readings of fight (PAINTELED WARIIT
	ti, Joseph R		82	Street Addre	ess (P.O. Box Number is Not Acceptat	nle)
	SCAYNE BLVD.					
Suite 6 Miami F			83			
MINTAIN L	L 33137		84	City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-	named corpora	ition submits this statement for the pur	FL 89 2.10 Code
OF TOGISTOR	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	uua. Such Change was aumprizen	by the corp	oration's board	ttion submits this statement for the pui d of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE _						
12.	Signature typed or printed name of registered ager	nt and title if applicable (NOTE) ND DIRECTORS		nt signature required		DATE
THUE	PSVD	DELETE	13.		ADDITIONS/CHANGES TO OFF	
NAME	MARRA, HUONG D		1.2 NAME			Change Addition
STREET ADDRESS	1220 N.E. 196TH ST.		1.3 STREET	ADDRESS		
CITY-S1-ZIP	MIAMI SHORES FL 33138		14 CITY-S	IT-ZIP		
TITLE	D	☐ DELETE	2 1 THLE			Change Addition
NAME	TRAN, LAM H		22 NAME			
STHEET ADDRESS	1220 N.E. 196TH ST. MIAMI SHORES FL 33138		2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI SHUNES FL 33136	☐ DELETE	2 4 CITY-S	T-ZIP		
NAME		[] pettit	3 1 TITLE 3.2 NAME			Change Maddition
STREET ADDRESS			3.2 NAME	ADORESS		
CITY - ST - ZIP	<u>. </u>		3.4 CITY-S			
TITLE		☐ DELETE	4. 1 TITLE			Change Addition
NAME			4.2 NAME			_
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP Tifle		C) priete	4.4 CITY - S	T-ZIP		
NAME		☐ DEFE1€	5 1 TITLE			☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	*VUDEUC		
CITY-SI-ZIF			5.3 STREET			
TITLE		☐ DELETE	6 1 TITLE	1 - C.IF		Change Addition
NAME			6.2 NAME			المان
STREET ADDRESS			6 3 STREET	ADDRESS		
CITY-ST-ZIP	32 11 11		6.4 CITY - ST	I-ZIP		
certify that f	cerary that the information supplied the information indicated on this annu	with this filing is voluntarily furnish ua! report or supplemental annual	ed and does report is true	not qualify for	the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further

oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or on an attachment with an address.

SIGNATURE: _____