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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000055595** (9)

R. Y. KATO, INC.

FILED Jan 22 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	S			L INDIINDIN 140 LAIBE Asist Amist Maist Maist Maint Maint Arian Arian Distr. Carles Sits Land			
15175 GULF BL'		15175 GULF BLVD MADEIRA BEACH FL 33708-2025							
						3. Date Incorporated or Qualified 07/17/1995		e of Last 6/1996	Report
	lace of Business	2s. Mailing Add	ress			4. FEI Number	-1	A	Applied For
21		26				59-3323759			Not Applicable
Suite, Apt. 22	#, etc	Suite, Apt. #	, etc.			5. Certificate of Status Desired		•	Additional Required
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
–₁ Zip	Country	7(p		ountr	<i>t</i>	8. This corporation has liability for i			s. 199.032,
24	[25]	[29]	30		····	Fiorida Statutes 10. Name and Address of New Re		No .	
	9. Name and Address of Currer	it negistered Agent		81	Name	IU. Name and Address of New Ne	libroled N	Saur	
	O, RAIF Y			"	Harrie				
15175 GULF BLVD MADEIRA BEACH FL 33708					Street Add	lress (P.O. Box Number is Not Acceptable)			
				83		· · · · · · · · · · · · · · · · · · ·			
				84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
					<u> </u>	poration submits this statement for the p	FL	<u> </u>	
SIGNATURE	Signature typed or product and of registere lag	on and the it applicant. ID DIRECTORS		ered Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTO	DRS IN 12
T-TLE	D			1 TITLE		ADDITIONS/CHANGES TO OFFIC	CHO /VID	Change	
NAME	KATO, RAIF Y			2 NAME			'		
STREET ADORESS	15175 GULF BLVD				T ADDRESS				
CITY-ST-ZiF	MADEIRA BEACH FL 33708		•	4 CITY-	1				
TITLE				1 TITLE				Change	Additio
NAME			2.	2 NAME	İ				
STREET ADDRESS			2.	3 STREE	ADDRESS				
CITY - ST - ZIF			2.	4 CITY-	ST-ZIP				
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NAME			3.	2 NAME	1		•		
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NAME			4.	2 NAME					
STREET ADDRESS			4.	3 STREE	T ADDRESS				
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NAME				2 NAME					
STREET ADDRESS					T ADDRESS				
CHY-ST-ZIP				4 CITY	ST-ZIP			Change	Additio
THE		L] L		1 TITLE 2 NAME				Li Uranya	First Manager
NAVE expect apposed				2 NAME	ì				
STREET ADDRESS					T ADDRESS				
C(TY - ST - ZIP			6	4 CITY -	S1-ZIP				

14. I do 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: