05-04-1999 90136 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000064233

1. Corporation Name

HAPPY WORLD LATIN AMERICA, INC.

17411	TOTAL STATE OF THE						
Principal Place of Business Mailing Address		Mailing Address			i i pariteat vin i prat entri desti antis datis a	}110 B3111 B1B1B 118BB	filma ien iani
169 EAST FLAGLER ST. 169 EAST FLAGLER ST. SUITE 1527 SUITE 1527 MIAMI FL 33131 MIAMI FL 33131					DO NOT WRITE IN TO	IS SPACE	
	<u> </u>				08/18/1995		
2. Principal Place of Business 2a. Mailing Address			•		4. FEI Number	<u> </u>	plied For
26 Suite Apt # etc. Suite Apt #, etc.					65-0619251	\$8.75 A	t Applicable
				5. Certifcate of Status Desired	Fee Re		
City & State	e	City & State			6. Election Campaign Financing	\$5.00	Mav Be
23 28		28			Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	/	8. This corporation owes the current year		_
24	25	29 30) <u> </u>		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Register	ed Agent	_
DEDI	2000 405101		81	Name			
PEDROSO, ACELO I			82	Street A	Address (P.O. Box Number is Not Acceptable)		
169 EAST FLAGLER STREET SUITE 1627			83				
	M FL 33131		63				
IMITAL	WI 1 C 00 10 1		84	City		85 Zip C	Code
office or re	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations are stated as a second to the state of registered age.	of Florida. Such change was authations of, Section 607.0505, Florida	a Statutes	the corpor s.	corporation submits this statement for the purposi ration's board of directors. I hereby accept the ap- aquired when reinstating)	ppointment as ret	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSD	☐ ĐELETE 1.1				☐ Change	☐ Addition
NAME	PURUTA, MOTOO		1.2 NAME				
STREET ADDRESS	169 E. FLAGLER STREET #15	27		TADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	VD			Ì			_
NAMÉ STREET ADDRESS	HAYASHI, JUNICHI % 169 E. FLAGLER ST. #1527		2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-ST-ZIP		-	-	
TITLE	T DELETE		3.1 TITLE			☐ Change	Addition
NAME	KOUSAKU, MAEHATA		3.2 NAME				
STREET ADDRESS	17021 N BAY RD RM #105		3.3 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI BCH FL 33160		3.4. CITY-ST-ZIP				
TITLE	DELETE		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		- 	☐ Change	Addition
TITLE	DELETE		5.1 TITLE 5.2 NAME				
NAME	,			T ADDRESS			
STREET ADDRESS			5.4 CITY-1				•
CITY-ST-ZIP							
TITLE	.;.:	DELETE	6.1 TITLE	+		☐ Change	Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

- JUNICHI, HAYASHI