## 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

DOCUMENT # P95000074820 (8)

## FILED Feb 11 1998 8:00am Secretary of State

THE SHIATSU, INC.  Principal Place of Business Mailing Address	
Principal Place of Business Mailing Address	ĐỊC ĐỊ (ĐỊC ĐỊ ĐỊC) ĐƯƠC ĐỊC ĐỊC
Principal Place of Business Mailing Address	
	MINAL IMITA ELBIT MAIT FORT
4799 N FEDERAL HWY 4799 N FEDERAL HWY	
BOCA RATON FL 33446 BOCA RATON FL 33446 DO NOT WRITE IN THIS S	PACE
3. Date Incorporated or Qualified	1
09/28/1995	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 65-0609321	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & State 5 Election Campaign Financing	Fee Required
	\$5.00 May Be Added to Fees
Zip   Zip   Country   Zip   Country   8. This corporation owes or has paid the curr	
D. This deliporation of the part the deliporation of the delipora	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A	gent
KIM, SOON M 81 Name	
4799 N FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33446	
83	
84 City	85 Zip Code
FL.	
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 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 appraignent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	changing its registered pintment 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 tillo if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND	
	DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE	DIRECTORS IN 12 : Change
TITLE PD DELETE 1.1 TITLE	
TITLE         PD         DELETE         1.1 TITLE           NAME         KIM, SOON M         12 NAME           STREET ADDRESS         4799 N FEDERAL HWY         1.3 STREET ADDRESS           CITY-ST-ZIP         POMPANO BEACH FL 33446         1.4 CITY-ST-ZIP	
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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. On on an attachment with an address.

SIGNATURE: X

x 2/2/98

x (50)393-0045