

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000075716 (7)

1. Corporation Name
SAKURA, INC.

Principal Place of Business	Mailing Address
2233 HILLSBORO BOULEVARD DEERFIELD BEACH FL	2233 HILLSBORO BOULEVARD DEERFIELD BEACH FL 33442-1106

2. Principal Place of Business		2a. Mailing Address	
21		2b	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent
WUT, ANNIE
21241 SAWMILL COURT
BOCA RATON FL 33498

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a
office or registered agent, or both, in the State of Florida. Such change was authorized
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta

SIGNATURE *Annie W.* ANNIE W.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered

12.	OFFICERS AND DIRECTORS		13.
TITLE	PSTD	<input type="checkbox"/> DELETE	1.1 T
NAME	WUT, ANNIE		1.2 N
STREET ADDRESS	21241 SAWMILL COURT		1.3 S
CITY - ST - ZIP	BOCA RATON FL 33498		1.4 C
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 T
NAME	ESSIAMBRE, LOUISETTE		2.2 N
STREET ADDRESS	711 SE 1ST WAY APT. 1		2.3 S
CITY - ST - ZIP	DEERFIELD BEACH FL 33441		2.4 C
TITLE		<input type="checkbox"/> DELETE	3.1 T
NAME			3.2 N
STREET ADDRESS			3.3 S
CITY - ST - ZIP			3.4 C
TITLE		<input type="checkbox"/> DELETE	4.1 T
NAME			4.2 N
STREET ADDRESS			4.3 S
CITY - ST - ZIP			4.4 C
TITLE		<input type="checkbox"/> DELETE	5.1 T
NAME			5.2 N
STREET ADDRESS			5.3 S
CITY - ST - ZIP			5.4 C
TITLE		<input type="checkbox"/> DELETE	6.1 T
NAME			6.2 N
STREET ADDRESS			6.3 S
CITY - ST - ZIP			6.4 C

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Ann West ANN
SIGNATURE AND SWEED OR PRINTED NAME OF SIGNING OFFICER OR DIR

3. Date Incorporated or Qualified 09/28/1995		3a. Date of Last Report 03/19/1996	
4. FEI Number 59-3340376		Applied For	Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL 85 Zip Code

above-named corporation submits this statement for the purpose of changing its registered
by the corporation's board of directors. I hereby accept the appointment as registered
files.

u7 4-20-97

Agent (print name) _____ DATE _____

Agent signature required when reinstating)		DATE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
F			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
AE				
REET ADDRESS				
Y- ST- ZIP				
E			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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I certify that the information stated in Section 119.07(3)(i), Florida Statutes, I further certify that the report and that my signature shall have the same legal effect as if made under oath; that I have not been convicted of a crime under Chapter 607, Florida Statutes; and that my name

mt 4-20-87 954-725-8887

CR2E034 (9/96)