PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075716 1. Corporation Name

SAKURA, INC.

Principal Place of Business

Mailing Address

2222 HILL COODS BOLL EVADS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90179 040 ***150.00



DEERFIELD BEA		DEERFIELD BEACH FL		DO NOT WRITE IN TH	IIS SDACE		
					3. Date Incorporated or Qualifed	IIS SPACE	
					•		-
2 D::-:-ID	of Duniana	2a. Mailing Address		-	09/28/1995 4. FEI Number	T A	polied For
—	ace of Business				1 ——	ot Applicable	
21	<u> </u>	Suite, Apt. #, etc.			59-3340376		Additional
Suite, Apt. #, etc.		├	27		5. Certificate of Status Desired Fee Required		-
City & State			_City & State_~		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year	Intangible	
24	25	29 3	0		Personal Property Tax.	TYes	□No
- 31	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registere	ed Agent	
			81	Name			ì
WUT	, annie	,	82	Ctroot Ad	Idrace (B.O. Boy Number is Not Acceptable)		
2124	1 SAWMILL COURT		82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
BOC	A RATON FL 33498		83				
			84	City	F	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes.	the above	e-named co	rporation submits this statement for the purpose	of changing it	s registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was autr	iorizea by	the corpora	ntion's board of directors. I hereby accept the app	pointment as r	egistered
SIGNATURE	•						
Ololwin one	Signature, typed or printed name of registered agei		*	nt signature requ	uired when reinstating) DATE	T	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE	PSTD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	WUT, ANNIE		1.2 NAME	1			
STREET ADDRESS	21241 SAWMILL COURT		1.3 STREE	TADDRESS			Ì
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		Addition
πιε		☐ DELETE	2.1 TITLE	1		☐ Change	L Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY+5	ST-ZIP ,	ی مصوب عدد در مدار استوپسر دستید در مداید در مداید مدارک مصوب است.	Change	Addition
TITLE		☐ DELETE	3.1 TITLE			[_] Change	Addition
NAME			3.2 NAME	ļ			
STREET ADDRESS			3.3 STREE	TADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	•		
TITLE		☐ DELETE	4.1 TITLE	f		☐ Change	e
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREE	TADDRESS	•		ļ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
TITLE		, DELETE	5.1 TITLE			Change	Addition
NAME .	· · · · · · · · · · · · · · · · · · ·		5.2 NAME				. }
STREET ADDRESS	**		B .	TADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e 🔲 Addition (
NAME			6.2 NAME				1
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			
~					0 0 440 0740V/2 Florida 04-4-4- 1 6-4-4-	محاه وسحاه وكانفسس	

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.

SIGNATURE: