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 # P96000012108 (2)

YAMATSU INTERNATIONAL, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address FOR NW SIST OF T2 T212 WA 5009. MIAMI FL 33166-5627 MIAMI FL 33166-5627 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/05/1996 FEI Number 2a. Mailing Address Principal Place of Business Applied For 65-0657152 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country Z_{1D} 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTINEZ, CARLOS 8003 NW 51ST-ST 82 **MIAMI FL 33166** 83 84 City 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 changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Stgoalure, typed or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Change DELETE Addition 1.1 TITLE TITLE NAME PEREZ, EVENCIO 1.2 NAME 6903-NW 51ST-ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change . Addition Addition 2.1 TITLE TITLE DE-PEREZ, ANA H NAME 2.2 NAME 8903 NW 51ST-ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE MARTINEZ, CARLOS 32 NAME 6003 NW 51ST ST 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition Addition 4.1 TO LE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELF16 5.1 TITLE TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 THILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. Thereby 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 eath; that I am an officer or director of the comporation 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 chymlyed, or on an attachment with an address.

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