FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthari

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035123 (4)

MATSUYA INC.

Principal Place of Business

Mailing Address

FILED Jun 13 1997 8:00am Secretary of State



10309 NW 7TH FORT LAUDER	I STREET Dale FL 33324	10309 NW 7TH STREET FORT LAUDERDALE FL 33324-1006					
					3. Date Incorporated or Qualified 04/23/1996	3a. Date of Last Report	
2. Principal Place of Business 2e. Mailing Address					4. FEI Number	Applied For	
21		26		APPLY NOW	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	θ	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζιρ	─ ¬	Country 8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Currer	29	30		Florida Statutes 10, Name and Address of New Re		
CHA	N, COREY	it Hogistored Agent	8	Name		Sistered Affent	
	09 NW 7TH STREET		ļ				
FORT LAUDERDALE FL 33324				2 Street	et Address (P.O. Box Number is Not Acceptable)		
			8:	3			
A#			84	4 City		85 Zip Code	
<u> </u>			0.	City		FL 85 Zip Code	
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 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 appointment 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 age	ot and too if applicable (NV	16 : Rongland A	and claust re	e required when reinstating)	DATE	
12.	OFFICERS AN		13,	Bent signator	ADDITIONS/CHANGES TO OFFIC		
TITLE	PRESIDENT	, DELETE	1.1 TITLE			Change Addition	
NAME		j	1.2 NAME		<u> </u>		
STREET ADDRESS	COREY CHAN	STREET	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PLANTATION F	6.33324	1.4 CITY-	ST-7IP			
TITLE	PLANTATION , F EXECUITIVE VIC	E POFSINGUE	2.1 TITLE			Change Addition	
NAME	ALLEN CHAN	- I KC - DENT	5.5 NVWE				
STREET ADDRESS	ALLEN CHAN 1530 WHITE HAL PAINE FL 33	L DR.	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	DAIVE, FL 33	324	2. 4 CITY	-ST-ZIP			
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME OTREET ADORSOS			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY -	- ST- ZIP		Change Addition	
NAME		bleefe	4. 2 NAM	:		Change Addition	
STREET ADDRESS				T ADDRESS		:	
CITY-ST-ZIP			4.4 CITY-]	
TITLE		DELETE	5.1 TITLE	31 · ZIF		☐ Change ☐ Addition	
NAME			5.2 NAME		00000221		
STREET ADORESS				1 ADDRESS	-06/16/970101	9032	
CITY-ST-ZIP			5.4 CITY-		***165.00	Table State State	
TITLE		DELETE	61 TITLE	··. -		Changen Addition	
NAME			62 NAME			PL	
STREET ADDRESS	3 (N. 11)		6.3 STREE	1 ADDRESS		1,12	
CITY-ST-ZIP	te:		64 CiTY-			6・1ノ	

14. I do 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 eath; 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.

CORE

COREYCOHANIZATELLE

Bullian

1, 2/87 (904) 474-7739