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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth im Secretary of State

DIVISION OF CORPORATIONS

1997 POCUMENT # P9600035600 (1) 97 DEC 26 AM 8:50

MITSUYOSHI USA, INC.  Principal Place of Business  14532 SOUTHWEST 147TH COURT MIAMI FL 33198		Mailing Address 14532 SOUTHWEST 147TH COURT MIAMI FL 33196-2311		REINSTATEMEN  3. Date Incorporated or Qualified   3a. Date of Last Report   04/24/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	SEVILLA AVE.	26 151 SEVIL	LA AVE.	65-0688168	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
CORA	IL GABLES, FL.		ABLES, FL.	Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation has liability for intar	ngible tax under s. 199.032,
4 3318	9. Name and Address of Curren		30 DADE	Florida Statutes Ye  10. Name and Address of New Regist	s 🗶 No
	ERILAWYER CHARTERED	it nohistelen wholit	81 Name	DUTOHIRO MIYAGI	aton whelir
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation.	of Florida, Such change was as	s, the above-named cor uthorized by the corpora rida Statutes.	poration submits this statement for the purporation's board of directors. I hereby accept the	FL 85 7ip Code 33/96 use of changing its registered appointment as registered
	Signature, typed or printed name of registers age		Registered Agent signature requ	ired when reinstating) D ADDITIONS/CHANGES TO OFFICERS	ATE
12. TITLE	OFFICERS ANI	DELETE	1.1 101.6	ADDITIONS/CHANGES TO OFFICEAS	Change Addition
NAME	MIYAGI, MOTOHIRO M	<del></del>	1.2 NAME	30000238	255833
STREET ADDRESS	14532 SOUTHWEST 147TH C	DURT	1.3 STREET AUDRESS	-12/30/97	01039001
CITY-ST-ZIP	MIAMI FL 33196		1.4 CHY- ST- 7IP		00 <u>***</u> *750 00. Change ∐ Addition
TITLE		LJ DELETE	21 1IILF	,	Change Addition
NAME			2.2 NAME	(1)	b a ON
STREET ADDRESS			2.3 STREET ADDRESS		1201~ ·
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-\$1-ZIP 31 TITLE		Change Additio
NAME i		Property of the second	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C/TY+ST-Z/P		
TITLE		☐ DELFTE	4.1 TITLE		Change Addition
NAME	•• ·		4 2 NAME		
STREET ADDRESS	,		4.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE		DELETE	4.4 CHY - ST - ZIP 5 1 TIDLE		Change Addition
NATE		El oreca	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
OITY ST-ZIP			5.4 (411-21-21)		
. ]		☐ DELETE	6.1 THLE		Change Addition
CITY ST-ZIP		☐ DELETE			Change Addition
CITY ST-ZIP		☐ DTLETE	6.1 THLF		Change Addition

1 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 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.

12/10/97 00011141-1201