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FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000043569 (8)

1. Corporation Name

SAKANA JAPANESE RESTAURANT INC.

Principal Place of Business

3940 N. 46TH AVE.  
HOLLYWOOD FL 33021

Mailing Address

3940 N. 46TH AVE.  
HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1996

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

4. FEI Number

65-0666326

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YUNG, JUANA Y  
16325 N.W. 20TH ST.  
PEMBROKE PINES FL 33028

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	YUNG, JUANA Y	1.1 TITLE	
NAME		16325 N.W. 20TH ST.	1.2 NAME	
STREET ADDRESS		PEMBROKE PINES FL 33028	1.3 STREET ADDRESS	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	
TITLE	D	TSOI, KWAN J	2.1 TITLE	
NAME		16325 N.W. 20TH ST.	2.2 NAME	
STREET ADDRESS		PEMBROKE PINES FL 33028	2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE	D	CHIU, ANDY J	3.1 TITLE	
NAME		16325 N.W. 20TH ST.	3.2 NAME	
STREET ADDRESS		PEMBROKE PINES FL 33028	3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE			4.1 TITLE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE			5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE			6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 attached address.

SIGNATURE:

219 1998 954 894-3611

CR2E034 (10/97)