Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000056963**

Principal Place of Business

YAMATO SUSHI, INC.

10855 S.W. 72ND #43) ST	15051 S.W. 103RD LANE APT #4112			DO NOT WRITE IN THIS S	PACE		
MIAMI FL 33173 MIAMI FL 33196 US US								
					3. Date Incorporated or Qualifed			
					06/27/1996			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		ed For	
2			<u></u>		65-0678620		Applicable	
Chita Ant # oto					5. Certificate of Status Desired	\$8.75 Ad		
Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Requ	ured	
22					6. Election Campaign Financing \$5.00 May Be			
City & State				-	Trust Fund Contribution	Added to	Fees	
23		28	Countr		8. This corporation owes the current year Intar	ngible		
Zip	Country	Zip	-	,	Personal Property Tax.	ŬYes [.	⊒No]	
24		29 30	<u> </u>		10. Name and Address of New Registered A	gent		
	9. Name and Address of Curren	t Registered Agent	81	Name	ly, Harris aria reason			
			•	Name				
UENO, KAZUO			82	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		ļ	
15051 S.W. 103RD LANE APT #4112				i	<u>چ و مدر دوم مدینم در دو</u>	en e	0.12 0.1834	
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			8		FL	1-1	1	
general to the	US A.C.		*** aba	vo named corr	poration submits this statement for the purpose of coon's board of directors. I hereby accept the appoint	hanging its r	egistered	
11. Pursuant	to the provisions of Sections 607.050	of Florida :Such change was aut	horized b	y the corporati	ion's board of directors. I hereby accept the appoin	tment as regi	stered	
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	ta Statute	s.			}	
SIGNATURE		1			DATE			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	Registered Ag	ent signature require	en when reinstaurig)	DIRECTOR	2S IN 12	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
TITLE	PD	☐ DELETE	1.1 TITLE		51 S # 20 M	☐ Ollange		
	UENO, KAZUO		1.2 NAME	≣				
NAME	15051 S.W. 103RD LN. APT#	4112	1.3 STRE	ET ADDRESS	•	•	l	
STREET ADDRESS		7112	1.4 CITY	.ST. 7IP				
CITY-ST-ZIP	MIAMI FL 33196	Γ∃ DEL€TE	2.1 TITLE		<u> </u>	Change	Addition	
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STREET ADDRESS	15051 S.W. 103RD LN. APT#	4112	2.3 STR	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33196		2. 4 CIT	r-ST-ZIP		Change	Addition	
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NAME	1.75 3.7 82	•						
STREET ADDRESS	S THE STATE OF THE		6.3 STF	REET ADDRESS				

6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filling 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.

FILED

Jan 27, 1999 8:00am

Secretary of State

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