## 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

P96000066436 (2) DOCUMENT #

AZABU U.S.A., INC.

Principal Place of Business Mailing Address 5045 MISTY MORN ROAD 5045 MISTY MORN ROAD PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0690143 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country  $Z_{ID}$ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LIM. KWANG-SEONG 5045 MISTY MORN ROAD Street Address (P.O. Box Number is Not Acceptable) **SUITE 500 EAST** 83 PALM BEACH GARDENS FL 33418 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE Change TITLE LIM, KWANG-SEONG NAME 1.2 NAME 5045 MISTY MORN OAD STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - ST - Z(P DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 HTLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-7IP

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 attachment with an address.

1-15-98

**FILED** 

Jan 29 1998 8:00am

Secretary of State

CR2E034