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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000071790 (5)

HOSHIUNU CORP.

Principal Place of Business

4494 MORTH RAY ROAD

Mailing Address

4434 NORTH BAY ROAD

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SECRETAIN OF STATE TALLAMASSEE, FLORIDA



2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Country 2. Country 3. Country 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	
2. Principal Place of Business 26 Mailing Address 4. FEI Number  21 Suite, Apt. #, etc. 5. Certificate of Status Desired 27 Suite, Apt. #, etc. 5. Certificate of Status Desired 28 City & State 6. Election Campaign Financing Trust Fund Contribution 28 Trust Fund Contribution 28 Trust Fund Contribution 28 Trust Fund Contribution 29 Trust Fund Contribution 20 Trust Fund Co	Date of Last Report
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Applied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Not Applicable
City & State  Zip  Zip  Country  8. This corporation has liability for intangite Florida Statutes  Yes  9. Name and Address of Current Registered Agent  LEDERER, STEVEN L. J ESQ  2450 NORTHEAST MIAMI GARDENS DRIVE  SUITE 100  NORTH MIAMI BEACH FL 33180  83  City  F  1. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 a 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 tilloit applicable  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS A  HAME  STREET ADDRESS  HAME  12 NAME  STREET ADDRESS  STREET ADDRESS	\$8.75 Additional Fee Required
Zip	\$5.00 May Be Added to Fees
25 29 30 Florida Statutes Yes  9, Name and Address of Current Registered Agent  LEDERER, STEVEN L. J ESQ 2450 NORTHEAST MIAMI GARDENS DRIVE SUITE 100 NORTH MIAMI BEACH FL 33180  81 Name  82 Street Address (P.O. Box Number is Not Acceptable). 83	
LEDERER, STEVEN L. J ESQ 2450 NORTHEAST MIAMI GARDENS DRIVE SUITE 100 NORTH MIAMI BEACH FL 33180   82 Street Address (P.O. Box, Number, is Not Acceptable)	
2450 NORTHEAST MIAMI GARDENS DRIVE SUITE 100 NORTH MIAMI BEACH FL 33180  82 Street Address (P.O. Box Number is Not Acceptable).  83 -07/07/37  84 City  F.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 a 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 A TITLE  PD  DELETE  1.1 TITLE  PD  DELETE  1.2 NAME  STREET ADDRESS  4434 NORTH BAY ROAD  1.3 STREET ADDRESS	ed Agent
2450 NORTHEAST MIAMI GARDENS DRIVE SUITE 100 NORTH MIAMI BEACH FL 33180  83  -0.77/0.7/37  ****** L.S. U.J.  84 City  F  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 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 A IT ITTLE  NAME  BERKOWITZ, ABBEY  1.2 NAME  1.3 STREET ADDRESS  4434 NORTH BAY ROAD  1.3 STREET ADDRESS	
SUITE 100 NORTH MIAMI BEACH FL 33180  83  -077/07/37  ****** LS UU  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 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 whon reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS A TITLE  NAME  BERKOWITZ, ABBEY  1.2 NAME  STREET ADDRESS  1.3 STREET ADDRESS	
NORTH MIAMI BEACH FL 33180  83  **未来主任5、UU  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose 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 a 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 A ITILE  NAME  BERKOWITZ, ABBEY  1.2 NAME  STREET ADDRESS  1.3 STREET ADDRESS	20037
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  NAME  BERKOWITZ, ABBEY  STREET ADDRESS  13 STREET ADDRESS  13 STREET ADDRESS  1434 NORTH BAY ROAD  13 STREET ADDRESS	appointment as registered
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CITY-ST-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 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	W. C.

information indicated on this annual report or supplied with mis tiling does not quality 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 it 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.

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