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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077145 (6)

CHRYSANTHEMUM SOUTH BEACH, INC.

FILED Jan 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1248 - 1256 WASHINGTON AVENUE 1248 - 1256 WASHINGTON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0711218 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the carri t year Intangible 24 30 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LAU. GEORGE 1248 - 1256 WASHINGTON AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 City 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 life if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE PRES Change Addition TITLE 1.1 TITLE TAKARADA, HIROMI NAME 1.2 NAME 346 N.E. 93RD ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI SHORES FL 33138 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE SEC 2 1 TITLE Change Addition NAME LAU, GEORGE 2.2 NAME 1248 - 1256 WASHINGTON AVE. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 2. 4 CITY-ST-ZIP TITLE □ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 T/TI F Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the of indicated on this annual reofficer or director of the co ation 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 to 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 an accurate and that my care 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 char on an attachment with an address.

SIGNATURE:

CR2E034