FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000080536 (1)

1. Corporation Name
YUKEN CORP.

[redacted]

Principal Place of Business	Mailing Address
6363 NW 6TH WAY STE 210 FORT LAUDERDALE FL 33309	6363 NW 6TH WAY STE 210 FORT LAUDERDALE FL 33309-6136

3. Date Incorporated or Qualified: 09/27/1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 1147 99 ST	26 1147 99 ST
Suite, Apt. #, etc. 22 UNIT 2	Suite, Apt. #, etc. 27 UNIT 2
City & State 23 BAY HARBOR ISLANDS FL	City & State 28 BAY HARBOR ISLANDS FL
Zip / Country 24 33154-1718 25 USA	Zip / Country 29 33154-1718 30 USA

4. FEI Number: 65-0696376 — 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 has liability for Intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR.
6363 NW 6TH WAY STE 210
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: JAIME YUKEN
82 Street Address (P.O. Box Number is Not Acceptable): 1147 99 ST
83: UNIT 2
84 City: BAY HARBOR ISLANDS FL 86 Zip Code: 33154

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] X 4/30/97
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	☐ DELETE	1.1 TITLE: P/D — ☑ Change ☐ Addition
NAME	COLEMAN, ANTHONY G JR.		1.2 NAME: JAIME YUKEN
STREET ADDRESS	6363 NW 6TH WAY STE 210		1.3 STREET ADDRESS: 1147 99 ST UNIT 2
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP: BAY HARBOR ISLANDS FL 33154
TITLE		☐ DELETE	2.1 TITLE — ☐ Change ☐ Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			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
TITLE		☐ DELETE	5.1 TITLE — ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE — ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

4/5/97

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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 certify that the information indicated on this 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.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED AGENT

MAY 01 '97 10:22