2000 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2000 8:00 am Secretary of State DOCUMENT # P97000037193 TOWA INTERNATIONAL, CORP. 04-19-2000 90009 032 ***150.00 Mailing Address Principal Place of Business 780 N.W. 42ND AVENUE 780 N.W. 42ND AVENUE #617 #617 MIAMI FL 33126-5538 MIAMI FL 33126 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0747883 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 11.11 to 6.. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAKAYAMA, YUNO Street Address (P.O. Box Number is Not Acceptable) 1717 NORTH BAYSHORE DRIVE SUITE #1849 **MIAMI FL 33132** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) -FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ■ Addition ☐ Delete TITLE TAKAYAMA, YOSHIHIKO NAME STREET ADDRESS STREET ADDRESS 1717 NORTH BAYSHORE DRIVE, SUITE #1849 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33132 ☐ Change Addition TITLE ☐ Delete TITLE NAME TAKAYAMA, YUNO NAME STREET ADDRESS 305 W. 50TH STREET, SUITE #19-D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 Change Addition ☐ Delete TITLE TITLE NAME NAME TAKAYAMA, TAMAYU STREET ADDRESS STREET ADDRESS 305 W 50TH STREET, SUITE #19-D CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OF FRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/14/00

Daytime Phone #