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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998		<i>]</i>	Secretary of DIVISION OF COF						Secretary of State							
DOCU 1. Corporatio			P97000	042	380	(0)						ر					
SOGA	GLASS, I	NC.															
Principal Plac	e of Busines	s		Mailing	Address					i '		IIII ja iii Ci iii					
2315 NW 103					NW 107TH	AVE											
SUITE 1M09 MIAMI FL 33	SUITE 1M09 MIAMI FL 33172							DO NO	T WRITE IN	I THIS S	PACE						
1817 1817 1 2 30				4,						3. Dat	te Incorporated or C	ualified					٦
2 Principal C	tage of Bucin	OCC.		2a Ma	iling Addr	000	<u>:</u>				5/13/1997 Number				- 11-		4
2. Principal Place of Business				2a. Mailing Address 26 23/5 NW 107AV						16	753	938	_		ot Ac	plicable	-
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5 Cov	rtificate of Status De	olrod [\$8.75	<u>-</u>		1
22				27 B 0 X 45										Fee F	<u>-</u> -		_
City & State	e			28 City	/ & State					1	ction Campaign Fina st Fund Contribution		7	\$5.00 Added			
Zip		Ö	ountry	Zip		·	Counti	У			s corporation owes		the curre				1
24		25	·	29			30			Per	sonal Property Tax	due June 30	D. 🗵	Yes	□ No		
			Address of Current I	Registere	d Agent		8	Nam		10. Nai	me and Address of	New Regis	stered A	gent			4
	HASHI, KIYO																
2315 NW 107TH AVE SUITE 1M09								Stree	t Addre	ss (P.O. I	Box Number is Not a	Acceptable))				
	AMI FL 331	72					83		-								7
							84	City						85 Zip	Code	<u>- ·</u>	┨
44 Curayant	to the province		f Costiena 607 0502	and 607 1	EOS Elosia	la Statuto	s the short		d corpo	ration cul	hmita thia statement	for the pur	FL.	hanaina	ito zov	nistored	4
office or r	egistered ag	ent, o	f Sections 607.0502 ar both, in the State of d accept the obligation	Florida. S	Such chang	ge was au	uthorized b	y the co	rporatio	n's board	d of directors. I here	by accept t	he appo	intment a	s regi	stered	
SIGNATURE	an regimenca wi	D1, C11	a docpt in bongain	J. 13 O., O.	0.1017 007.0		iga Diatott										
	Signature, typed	or print	or registered agent			(NOTE:	Registered Ac	ent signati	re required		tating) ITIONS/CHANGES T		DATE	DIDECTO	DC 11	. 10	16
TITLE	D		OFFICERS AND	DIRECTOR		LETE	1,1 TITLE		1	AUU	ITIONS/CHANGES	O OFFICER		Change		Addition	٦̈́
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CITY-ST-ZIP	<u>NAGOY</u>	PAN	DELETE				1.4 C/TY-ST-Z/P							 -	1 4334622	ؤ	
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CITY-ST-ZIP	NAGOY						2. 4 CITY										
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NAME	SOGA,			TO 400			3,2 NAME										
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CITY-ST-ZIP TITLE	NAGOTA	<u> </u>	FAIT		DEI	LETE	4,1 TITLE	31-21	1					Change		Addition	1
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STREET ADDRESS								T ADDRESS									
CITY-ST-ZIP							6.4 CITY -	ST-ZIP	1								

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 accurage 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 empoyered 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:

FILED

Jan 15 1998 8:00am