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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000042380

1. Corporation Name

SUCY CLASS INC

Apr 06, 1999 8:00 am Secretary of State 04-06-1999 90048 036 ***150.00

JOUA U	indo, irro.							
Principal Place	e of Business	Mailing Address			_	1 100 (100) (10 10 (11 10)) (00)) (00))	BIGGS HEAD (II.A)	0111 B&II (***)
2315 NW 107TH AVE		2315 NW 107 AVE	2315 NW 107 AVE					
SUITE 1M09 BOX 45						DO NOT WRITE IN THE	SPACE	
MIAMI FL 33172 MIAMI FL 33172 US						3. Date Incorporated or Qualifed	OI AOL	
		03				05/13/1997		
a Oringinal D	lace of Rusiness	25 Mailing Addre	2a. Mailing Address			4. FEI Number	Apr	lied For
2. Principal Place of Business			26			65-0753938		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					dditional
22			27			5. Certificate of Status Desired	Fee Re	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	_	Country		8. This corporation owes the current year tr	itangible	
24	25	29	30]		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent	
		•		81	Name			
	ASHI, KIYOTAKA			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
2315	5 NW 107TH AVE			**	0.000			
SUITE 1M09		•		83				-
MIAI	WI FL 33172			84	C:5.		85 Zip C	ode -
				04	City	FI	_ 03 =#0	
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such chan pations of, Section 607.0	ge was autho 3505, Florida	Statutes	the corpor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appu	of changing its pintment as reg	pistered
0,0,0,0,0	Signature, typed or printed name of registered ag		(NOTE: Rec		nt signature rec	ulred when reinstating) DATE		55 11 42
12.	Т	ND DIRECTORS	T) ETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D	☐ DELETE		1.1 TITLE		•	ondingo	C. 7,00.124
NAME	SOGA, KAZUYOSHI		1.2 NAME				1	
STREET ADDRESS					TADDRESS			1
CITY-ST-ZIP	NAGOYA, JAPAN		T-	1.4 CITY-S	T-ZIP		Change	Addition
TITLE	D DELETE			2.1 TITLE			C Orlange	
NAME	SHINTARO, KATO			2.2 NAME				1
STREET ADDRESS	1 -	-KU		2.3 STREET	ADDRESS	والسيطين المجاد الداريون الداري	سيدر المتد	
CITY-ST-ZIP	NAGOYA, JAPAN			2. 4 CITY-S	ST-ZJP		Change	Addition
TITLE	D	□ 0	ELETE	3.1 TITLE				☐ vaginou
NAME	SOGA, SHINJI			3.2 NAME	<u>}</u>			Ì
STREET ADDRESS	1	EITO 102		3.3 STREE	TADDRESS			
CITY-ST-ZIP	NAGOYA, JAPAN		E) ETE	3.4. CITY-S	ST-ZIP		☐ Change	Addition
TITLE		⊔в	ELETE	4.1 TITLE			□ change	☐ Variation
NAME				4. 2 NAME				{
STREET ADDRESS					TADDRESS			1
CITY-ST-ZIP			F. 675	4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE		Ł.J D	ELETE	5.1 TITLE			□ change	
NAME				EGAINE				
STREET ADDRESS	1			5.2 NAME	T + D D G = 22			
i	3			5.3 STREE	TADDRESS			
CITY-ST-ZIP				5.3 STREE 5.4 CITY-S	- 1		Change	Addition
TILE : **	Visit of Co.	□ D	ELETÉ	5.3 STREE 5.4 CITY- S 6.1 TITLE	- 1		☐ Change	Addition
NAME .	Carolio Carolio Carolio		ELETÉ	5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP		☐ Change	Addition
TITLE : **	Carolio Carolio Carolio	D	ELETE	5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP		☐ Change	Addition

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 suppliemental 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, with all other like empowered.

SIGNATURE: (X

*K*EQUIRED NAME OF SIGNING OFFICER OR DIRECTOR