

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90092 050 ***150.00

DOCUMENT # P97000054886

1. Corporation Name

KIMURA INTERNATIONAL, INC.

Principal Place of Business

21813 TOWN PLACE DR.
BOCA RATON FL 33433

Mailing Address

21813 TOWN PLACE DR.
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1997

4. FEI Number

65-0763312

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 2404 Antigua Circle

Suite, Apt. #, etc.

22 0-1

City & State

23 Coconut Creek, FL

Zip

24 33066

Country

25 Broward

2a. Mailing Address

26 2404 Antigua Circle

Suite, Apt. #, etc.

27 0-1

City & State

28 Coconut Creek FL

Zip

29 33066

Country

30 Broward

9. Name and Address of Current Registered Agent

JACOBSON, YAYOI KIMURA
21813 TOWN PLACE DR.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name
JACOBSON, YAYOI KIMURA

82 Street Address (P.O. Box Number is Not Acceptable)

2404 ANTIGUA CIRCLE - #0-1

83

84 City
COCONUT CREEK

FL

85 Zip Code
33066

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 *Yayoi Kimura Jacobson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME
JACOBSON, YAYOI KIMURA
STREET ADDRESS
21813 TOWN PLACE DR.
CITY-ST-ZIP
BOCA RATON FL 33433

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
JACOBSON, YAYOI KIMURA

1.3 STREET ADDRESS
2404 ANTIGUA CIR. - #0-1

1.4 CITY-ST-ZIP
COCONUT CREEK, FL 33066

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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: *Yayoi Kimura Jacobson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/15/99 954-974652

CR2E034 (11/98)