


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

FILED
Aug 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000071513 (0) 1. Corporation Name TRI-COSMOS DEVELOPMENT CO.					
Principal Place of Business 5019 CAMBERLY LANE OLDSMAR FL 34677			Mailing Address 5019 CAMBERLY LANE OLDSMAR FL 34677		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/18/1997 4. FEI Number 59-3521199 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FUJIKI, YOSHINORI 5019 CAMBERLY LANE OLDSMAR FL 34677				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	MASUDA, YOSHINOBU				
STREET ADDRESS	153 KOUYAGUCHI-CHO, OHNO, ITO-GUN				
CITY-ST-ZIP	WAKAYAMA, JAPAN				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	FUJIKI, YOSHINOBU				
STREET ADDRESS	5019 CAMBERLY LANE				
CITY-ST-ZIP	OLDSMAR FL 34677				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	OHKAWA, MASAYUKI				
STREET ADDRESS	889-24 NOBA-MACHI, KOHNAN-KU, YOKOHAMA				
CITY-ST-ZIP	KANAGAWA, JAPAN				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	ISHIDA, KOHACHIRO				
STREET ADDRESS	1-1-1 NANA-JO, HISHI-MACHI, NARA				
CITY-ST-ZIP	NARA-KEN, JAPAN				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	TANAKA, MASAMI				
STREET ADDRESS	2-6 MITSUSAWA NAKAMACHI				
CITY-ST-ZIP	YOKOHAMA, JAPAN				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HOSONO, MICHIO				
STREET ADDRESS	206 NAKA-KU YAMATE-CHO				
CITY-ST-ZIP	YOKOHAMA, JAPAN				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					

SIGNATURE:

Y. Fujiki Yoshinori Fujiki

4/10/1998 (813) 789 1058

CR2E034 (10/97)