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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700096906 (7)

ROYAL TOKYO, INC.

Principal Place of Business

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



| 13180 SW 93RD PLACE MIAMI FL 33176 | | 13180 SW 93RD PLACE MIAMI FL 33176 | | | DO NOT WRITE IN THIS SPACE | |
|---|---|---|---|----------------|---|--|
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 11/13/1997 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number A A A A A Applied For | |
| 21 82 | 50 Sungel str | | J 40 | th A | Ave 65-0795740 Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| City & State 23 Sun | rise, Fu | City & State 28 SUNY 15e. | F | ــــا | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip 24] スプカ | 2 2 25 | 29 73351 30 | Country | <i>t</i> | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered Agent | |
| CHO, SOO SE | | | | Name |) | |
| 13180 SW 93RD PLACE | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI FL 33178 | | | | | | |
| | | | 83 | l | | |
| | | | 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 Signature, typed or profed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating] DATE | | | | | | |
| 12. | OFFICERS AND | | 13. | on signature i | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DP | ☐ DELETE | 1.1 TITLE | | Change Addition | |
| NAME | CHO, SOO SE | | 1.2 NAME | 1 | } | |
| STREET ADDRESS | 13180 SW 93RD PLACE | | 1.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33176 | | 1.4 CITY - 9 | T-21P | | |
| TIFLE | Ď۷ | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | ALARCON, CATARINA | | 2.2 NAME | l | | |
| STREET ADDRESS | 13180 SW 93RD PLACE | İ | 2.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33176 | | 2.4 CITY- | ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | Į | Change Addition | |
| NAME | | | 3.2 NAME | 1 | <u> </u> | |
| STREET ADDRESS | | | 3.3 STREET | | | |
| CFTY-ST-ZIP | | LIGHT | 3.4. CITY - | ST-ZIP | Change Addition | |
| TITLE | | ☐ DELETE | 4.1 TITLE 4.2 NAME | } | Li Change Li Addition | |
| NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | ı | 4.3 STREET | - 1 | | |
| TITUE | | DELETE | 4.4 CITY - S 5.1 TITLE | 11-21 | Change Addition | |
| NAME | | | 5.2 NAME | \\ | | |
| STREET ADDRESS | | | 5.3 STREET | ADORESS | | |
| CITY-ST-ZIP | | | 5.4 CiTY-8 | | 1 | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | ľ | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | |
| CITY-ST-7IP | | | 64 C/TY-5 | T. 7JP | | |
| 14. I hereby o | ertify that the information supplied will | h this filing tioes not qualify for the | he exemp | tion stated | ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information | |
| 14. I hereby certify that the information supplied with this filiped oes 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 supplimental 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 of 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 or an attactment with an admess. | | | | | | |

SIGNATURE:

THE AND PURCOS PRINTED NAME OF BIOMING OFFICER OF INSECTOR

4-2-98

954 747 110/