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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000021411**

1. Corporation Name
CHIBA GLOVES, INC.

Principal Place of Business
~~3400 S TAMIAMI TRAIL SUITE 303~~
~~SARASOTA FL 34239~~

Mailing Address
~~3400 S TAMIAMI TRAIL SUITE 303~~
~~SARASOTA FL 34239~~

JOHN F. CHIBA C/O

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 JOHN F. CHIBA	26 RICCIANI MATHIS & JESSEN
Suite, Apt. #, etc. 22 4745 ESTERO BLVD A-1501	Suite, Apt. #, etc. 27 6371-4 PRESIDENTIAL COURT
City & State 23 FT. MYERS BEACH FL	City & State 28 FT. MYERS
Zip 24 33931 Country 25 FLORIDA	Zip 29 33919 Country 30 FLORIDA

3. Date Incorporated or Qualified: 03/06/1998
4. FEI Number: 65-0824691 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~JAENSCH, P. CHRISTOPHER~~ ~~3400 S TAMIAMI TRAIL SUITE 303~~ ~~SARASOTA FL 34239~~	81 Name: RICCIANI MATHIS & JESSEN 82 Street Address (P.O. Box Number is Not Acceptable): 6371-4 PRESIDENTIAL COURT 83 84 City: FT. MYERS FL 85 Zip Code: 33919

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: Ricciani, Mathis & Jessen — Ricciani, Mathis & Jessen — DATE: 5/4/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHIBA, JOHN F		1.2 NAME		
STREET ADDRESS	TRAGMOOS 19 83317 TEISENDORF		1.3 STREET ADDRESS		
CITY-ST-ZIP	GERMANY		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDR			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: SIGNATURE REQUIRED JOHN F. CHIBA — 4/21/99 — 482/3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #