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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000027235**

1. Corporation Name
CLARION LATIN AMERICA CORPORATION



Principal Place of Business 6161 BLUE LAGOON DRIVE STE 360 MIAMI FL 33126	Mailing Address 6161 BLUE LAGOON DRIVE STE 360 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/24/1998

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 661 W. REDONDO BEACH BLVD. 27 Suite, Apt. #, etc. 28 GARDENA, CA 29 90247 Country 30 LOS ANGELES	4. FEI Number 65-0822268 Applied For Not Applicable	5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 EAST PARK AVE
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KITAJIMA, T	1.2 NAME	MATSUOKA, Y.
STREET ADDRESS	5 NORTHERN PINE LOOP	1.3 STREET ADDRESS	6161 BLUE LAROON DR. #360
CITY-ST-ZIP	ALISO VIEJO CA 92656	1.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIIMURA, N	2.2 NAME	MINARIK, JIM
STREET ADDRESS	AQUA 120, APT #3, JARDINES DEL PEDREGAL	2.3 STREET ADDRESS	661 W. REDONDO BEACH BLVD.
CITY-ST-ZIP	MEXICO CITY, MEXICO	2.4 CITY-ST-ZIP	GARDENA, CA 90247
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSUDA, K	3.2 NAME	
STREET ADDRESS	4022 W 226 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA 90503	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATANAKA, K	4.2 NAME	
STREET ADDRESS	10015 NW 46 STREET, #306	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **JIM MINARIK, DIRECTOR** 4/26/99 (310) 327-9100

CR2E034 (1/198)