## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **P98000027235** May 24, 2000 8:00 am Secretary of State CLARION LATIN AMERICA CORPORATION 05-24-2000 90084 032 \*\*\*150.00 Principal Place of Business Mailing Address 661 W REDONDO BCH BLVD 6161 BLUE LAGOON DRIVE GARDENA CA 90247-4201 STF 360 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0822268 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVE** TALLAHASSEE FL 32301 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) $\frac{1}{2} = \frac{1}{2} \frac{1}{$ Signature, typed or printed name of registered agent and title if applicable 10. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9: ¿This corporation is eligible to satisfy its Intangible ¿ Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Change ☐ Addition TITLE TITLE ☐ Delete TAKIZAWA, KATSUOSHI MATSUOKA, Y NAME TATA VASCO NO 77, COL. VILLA COYDACAN 6161 BLUE LAROON DR #360 STREET ADORESS STREET ADDRESS CITY-ST-ZIP MEXICO P.F.C.P. 04000 CITY-ST-ZIP MIAMI FL 33126 Delete ■ Addition ☐ Change TITI F TITLE NIIMURA, N NAME NAME AQUA 120, APT #3, JARDINES DEL PEDREGAL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEXICO CITY, MEXICO Change TITLE Addition TITLE MINARIK, JIM NAME STREET ADORESS 661:W:REDONDO.BCH\_BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GARDENA CA 90247** Change TSD ☐ Addition ☐ Delete TITLE MATSUDA, KOHEI NAME HATANAKA, K NAME GGI W REDONDO BEACH BLUD 10015 NW 46 STREET, #306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GARDENA, CA 90247 CITY-ST-ZIP MIAMI FL 33178 ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(310) 327-9100

Daytime Phone #