

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90212 025 \*\*\*150.00

**DOCUMENT # P98000027235**

1. Entity Name  
**CLARION LATIN AMERICA CORPORATION**

Principal Place of Business      Mailing Address  
**6161 BLUE LAGOON DRIVE**      **661 W REDONDO BCH BLVD**  
**STE 360**      **GARDENA CA 90247**  
**MIAMI FL 33126**

2. Principal Place of Business      3. Mailing Address  
**7205 Corporate Way**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 411**

City & State      City & State  
**Miami, FL 33126**

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0822268**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**526 EAST PARK AVE**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MATSUOKA, Y</b> <b>6161 BLUE LARON DR #360</b> <b>MIAMI FL 33126</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Shimoda, Koichi</b> <b>661 W. Redondo Bch Blvd.</b> <b>Gardena, CA 90247</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TAKIZAWA, KATSUOSHI</b> <b>TATA VASCO NO 77. COL. VILLA COYDACANA</b> <b>MEXICO D.F.C.P. 04000</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Beckhart, George</b> <b>7205 Corporate Way, Suite 411</b> <b>Miami, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MINARIK, JIM</b> <b>661 W REDONDO BCH BLVD</b> <b>GARDENA CA 90247</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Honma, Chris</b> <b>661 W. Redondo Beach Blvd.</b> <b>Gardena, CA 90247</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HATANAKA, K</b> <b>10015 NW 46 STREET, #306</b> <b>MIAMI FL 33178</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> <input type="checkbox"/> Delete <b>MATSUDA, KDHEI</b> <b>661 W REDONDO BEACH BLVD</b> <b>GARDENA CA 90247</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Matsuda, Kohei</b> <b>661 W. Redondo Beach Blvd.</b> <b>Gardena, CA 90247</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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.

SIGNATURE: Chris Honma      **Chris Honma, Sec./Treas.**      Date: **04/26/01**      Daytime Phone #: **310 321-9106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)