02161999-90045-014-\$150.00-\$150.00 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 -PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** DOCUMENT # P98000050765 TONI'S SUSHI U.S.A., INC. Principal Place of Business Mailing Address 346 N.E. 93RD STREET 346 N.E. 93RD STREET MMAMI FL 33138 MIAMI FL 33138 . DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/01/1998 Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Compaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Ζip Country 8. This corporation owes the current year intangible Ŭ Yes 25 29 30 24 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name TAKARADA, HIROMI Street Address (P.O. Box Number is Not Acceptable) 348 N.E. 93RD STREET MIAMI FL 33138 83 85 Pursuant to the provisions of Sections 607.0502 and 807.1508, 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 CR2E034 (11/98) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE ☐ Change TAKARADA, HIROMI NAME 1 2 NAME 346 N.E. 93RD STREET STREET ADDRESS 13 STREET ADORESS CITY-81-20P **MIAMI FL 33138** 1.4 CRY-\$T-20 DELETE Change Addition TITLE 21 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE MALE STREET ADDRESS 3.3 STREET ACCINESS 學就需該請議 CITY-ST-ZIP 3.4 CITY-5T-29 DELETE TITLE A 1 TITLE MAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C/TY-ST-ZIP 44 CITY-ST-ZIP DELETE ☐ Addition Change TIME &1 TILE 5.2 NAME NAME 5.5 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZP CITY-ST-ZIP 8 1 TITLE Addition DELETE ☐ Chance TITLE NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental symual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 syming an address, with all other like empowered.

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