FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000078561

1. Corporation Name

Principal Place of Business	Mailing Address		
9300 SOUTH DADELAND BLVD. SUITE 406 MIAMI FL 33156	9300 SOUTH DADELAND Suite 406 Miami Fl 33156		

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90011 031 ***150.00

YOKOZU	INA INC.						
Principal Place of Business Mailing Address					1 10811001 148 IBIRI 19115 BRIST BRIST BRIST BRIST (1990) 1510) BRIST	81 1881	
9300 SOUTH DADELAND BLVD. 9300 SOUTH DADELAND BL).					
SUITE 406 SUITE 406				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33156	5	MIAMI FL 33156			3. Date Incorporated or Qualifed		
			_		09/10/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied		
26 840. S. PARK		ROAD)	65-0865596 Not App			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 5-/2		e,	5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State	ė	City & State			6. Election Campaign Financing 55.00 May	Be	
23			FL.	Trust Fund Contribution Added to		s	
Zip	Country	Zip Co			8. This corporation owes the current year Intangible		
24	25 29 3302/ 30		V.	S. A	Personal Property Tax. Yes No	>	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent		
KAPLAN, LINDA M			81	81 Name			
			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
9300 SOUTH DADELAND BLVD. SUITE 406 MIAMI FL 33156		83					
				·			
		84	84 City FL 85 Zip Code				
I office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	orized by	tne corporat	poration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as register	tered ed	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re-	gistered Agen	t signature requir	ed when reinstating) DATE		
12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition		
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition	
NAME	MIYAZAKU, HIROSHI		1.2 NAME				
STREET ADDRESS	831 NE 16 TERRACE 1.3 STREET ADDRESS		ADDRESS	,	}		
CITY-ST-ZIP	OAKLAND PARK FL 33334		1.4 CITY-S	T-ZIP		. (122	
TITLE	D	☐ DELETE	2.1 TITLE		Change	Addition	
NAME	SHOGEN, MASAMI		2.2 NAME			1	
STREET ADDRESS 25555 PGA BLVD. APT. 122-A		2.3 STREET	ADDRESS				
CITY-ST-ZIP PALM BEACH GARDENS FL 33410		2. 4 CITY- S	T-ZIP				
TITLE		□ DELETE	3.1 TITLE		☐ Change	Addition	
NAME	· ·		3.2 NAME				

6.4 CITY-ST-ZIP 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

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 C/TY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

1 . T. J. J. J. S. S.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

□ DELETE

□ DELETE

☐ DELETE

Change

Change

Change

Addition

☐ Addition

☐ Addition