

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

**FILED**  
**Feb 11 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S08743 (4)**  
 1. Corporation Name  
**OKABE TRADING CO. U.S.A., INC.**



Principal Place of Business Mailing Address  
~~1110 BLDG. 9F., ASANO BLDG. 9F.,~~  
~~3-29 4-CHOME YOTSUYA 29-3~~ **SHINJI BLDG. 9F.,**  
~~SHINJUKU-KU, TOKYO 160, JAPA~~ **SHINJI BLDG. 9F.,**  
~~SHINJUKU-KU, TOKYO 160, JAPA~~ **3-29 4-CHOME YOTSUYA 29-3**  
**SHINJUKU-KU, TOKYO 160, JAPA**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/25/1990		02/06/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		65-0224518		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		<input type="checkbox"/>		5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DWYER, JAMES A. JR.</b> <b>C/O QUALICOM, INC.</b> <b>2100 ELECTRONICS LANE</b> <b>FORT MYERS FL 33912</b>				81 Name			
				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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D YOSHIKANE, OGASA</b>	1.2 NAME	
STREET ADDRESS	<b>3-29 4-CHOME YOTSUYA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHINJUKU-KU JA</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/96)