PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S08743

OKABE TRADING CO. U.S.A., INC.

Principal Place	e of Pueleese	Mailing Address				اللهبية بمطلب كالطاطانا أ		y pártidenti	M. S. Linn H. Hu, L.	
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4-CHROME YOTSUYA 3-29		4-CHOME YOTSUYA 3-29				DO NOT WRITE IN THIS SPACE				
SHINJUKU-KU. TOKYO 160. JAPA		SHINJUKU-KU, TOKYO 160. JAPA US			J	3. Date Incorporated or Qualified				
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			<u> </u>			0/25/1990				١,
	tace of Business	2a. Mailing Address			1	El Number			pplied For	
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125-0	9. Name and Address of Current		1	JACAN		ame and Address of N	lew Registered	Agent		li
				81 Name			-			
DWY	'ER, JAMES A. JR.		į				<u> </u>			H
	QUALICOM, INC.		ſ	82 Street	Address (P.O.	P.O. Box Number is Not Acceptable)				
	ELECTRONICS LANE									
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FUK	T MYERS FL 33912			84 City				85 Zip	Code	
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11. Pursuant	to the provisions of Sections 607,0502	-gnd 607.1508, Florida Statute:	s, ine ao	bernan-evo	CONTROL SUCINI SI	nowing mis grafement to	it trie burpose of	CHOINERS	a indiamina) i
11. Pursuant office or n	to the provisions of Sections 607.0592 egistered agent, or both, in the State	end 607.1508, Florida Statute f Florida. Such change was au one of Section 507.0505, Elect	s, the ab Chorized	ove-named by the corp	cretion's board	d of directors. I hereby	accept the appoi	intment as r	egistered	
11. Pursuant office or n	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the etaigation	-gnd 607.1508, Florida Statute: f Florida. Such change was au ons of, Section 607.0505, Flori	s, the ab thorized da Statu	ove-named by the corp tes.	cretion's board	d of directors. I hereby :				
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SIGNATURE	Signed. Type Officer And Science of registered agent	and the if applicable. (NOTE: 1) DIRECTORS	tegistered /	les. Igent signatura	ODL		MAR.	3. 19	99 ORS IN 12	11/08)
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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 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 with an eddicate, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

84 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

REQUIRED OF BRIGING OFFICER OR DIRECTOR

DELETE

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Addition

☐ Change

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90181 038 ***158.75