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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90181 038 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S08743

1. Corporation Name

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

Principal Place of Business

SHINJI BLDG 9F  
4-CHROME YOTSUYA 3-29  
SHINJUKU-KU, TOKYO 160, JAPAN  
US

Mailing Address

SHINJI BLDG 9F  
4-CHROME YOTSUYA 3-29  
SHINJUKU-KU, TOKYO 160, JAPAN  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1990

4. FEI Number

65-0224518

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 2-1-A710, MEJIRODAI,

Suite, Apt. #, etc.

City & State

23 HACHIOJI CITY

Zip

24 193-0833

Country

25 JAPAN

2a. Mailing Address

26 2-1-A710, MEJIRODAI

Suite, Apt. #, etc.

City & State

28 HACHIOJI CITY

Zip

29 193-0833

Country

30 JAPAN

9. Name and Address of Current Registered Agent

DWYER, JAMES A. JR.  
C/O QUALICOM, INC.  
2100 ELECTRONICS LANE  
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MAR. 3, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE D YOSHIKANE, OGASA  
NAME  
STREET ADDRESS 3-29 4-CHROME YOTSUYA  
CITY-ST-ZIP SHINJUKU-KU JA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D YOSHIKANE, OGASA  
1.2 NAME  
1.3 STREET ADDRESS 2-1-A710, MEJIRODAI,  
1.4 CITY-ST-ZIP HACHIOJI CITY 193-0833, JAPAN

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE OF PERSON OR FIRMED NAME OF SIGNING OFFICER OR DIRECTOR

DATE MAR. 3, '99 RT-426-68-8961

CR2E034 (1/1/98)