## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| DOCUN<br>1. Corporation        |  | 7 (5)   |   |   |  |
|--------------------------------|--|---|---|---|--|
|                                | VESTMENT INC.  |   |   |   |  |
|                                |  |   |   |   |  |
| Principa! Place                | of Business  | Mailing Address   | 2   |   | 1884 B1\$17 B18\$1 Q1811 B1811 B1811 Q7811 1981                          |
| 1990 BAY DR                    |  | - 520 NW 108 AVE  | 545-Mich<br>MIAMI Deta                                      | 11 41 1 71  |  |
| MIAMI BCH F                    | L 33141  | PLANTATION FL 33324   | MIAMI Beta  | GEL.33139   |  |
|                                |  |   | •   | 3. Date Incorporated or Qualified 10/18/1990  | 3a. Date of Last Report 06/02/1995                                       |
| 2. Principal Pla               | ce of Business   | 2a. Mailing Address   |   | 4. FEI Number   | Applied For  |
| Suite, Apt. #                  | nte:   | Suite, Apt #, etc.  |   | 65-0224017  | Not Applicable <b>\$8.75</b> Additional                                  |
| 22 Soite, Apr. #               | , etc.   | 27  |   | 5. Certificate of Status Desired  | Fee Required   |
| City & State                   | The state of the s | City & State  |   | 6. Election Campaign Financing  | □ \$5.00 May Be  |
| 23                             |  | 28  |   | Trust Fund Contribution   | Added to Fees  |
| Zip<br><b>24</b>               | Country 25   | Ζφ<br><b>29</b>   | Country<br>30   | 8. This corporation has liability for Florida Statutes Yes                              | <u></u>  |
|                                | 9. Name and Address of Curren  | t Registered Agent  |   | 10. Name and Address of New R   | egistered Agent  |
|                                |  |   | 81 Name   | Le Roy Golds  | tein   |
| TAKEYAMA, TAKAHIRO             |  |   | 82 Street Ad  | dress (P.O. Box Number is Not Acceptab  | (e) , # 1  |
|                                | TROPICAL WAY   |   | 83  | 573 MICHI   | 9-9N'  |
| PLANIA                         | TION FL 33317  |   |   |   |  |
|                                |  |   | 84 M A  | MI Asach FL   | FL 85 Zip Code   |
| 11. Pursuant to                | the provisions of Sections 607.0502  | and 607.1508, Florida Statut  | es, the above named corp                                    | oration submits this statement for the pur<br>ard of directors. I hereby accept the app | pose of changing its registered office                                   |
| or registere<br>familiar wit   | ed agent, or both, in the State of Horic<br>h, and accept the obligations of, Secti  | on 607.0505, Florida Statutes   | ed by the corporation's bo                                  | ard of directors, thereby accept the app  | omment as registered agent. Fam  |
| SIGNATURE.                     | h / ( /  |   | AKOY Yolla  | Tein 2  | 120/96   |
| 12.                            | Signature, typed or primeo name of registered sylinit OFFICERS ANS   |   | TE: Registered Agent signature redu<br>13.                  | ADDITIONS/CHANGES TO OFF  | ICERS AND DIRECTORS IN 12  |
| THLE                           | 6  | DELETE  | 1.1311(6  | PRESIDENT<br>LARDY Goldstein<br>MIAMI BEACH PL  | X Change Addition  |
| NAME                           | TAKEYAMA, TAKAHIRO   | ^   | 1.2 NAME  | all to  | 1) -15-11  |
| STREET ADDRESS                 | 1091 W. TROPICAL WAY   |   | 1 3 STREET ADDRESS  | KA-KOY YOUNTER  | 373 MICHIGAN   |
| CiTY-ST-ZIP                    | PLANTATION FL  |   | 1 4 CITY - ST - ZIP   | MIAMI OLAGE PL  | 13/39 #1   |
| 1 ITLE                         | D TALKEWALL LEDOKO   | DETELE  | 2 1 11111   |   | Change Addition  |
| NAMÉ                           | TAKEYAMA, HIROKO<br>1091 W. TROPICAL WAY   |   | 2.2 NAME  |   |  |
| STREET ADDRESS                 | PLANTATION FL  |   | 2.3 STREET ADDRESS  |   |  |
| CHY-ST-ZIP<br>THILE            | TENTINIONE   | DELETE  | 24 CITY-ST-7-P<br>3 1 TITLE                                 |   | ☐ Change ☐ Addition  |
| NAME                           |  |   | 3.2 NAME  |   |  |
| STREET ADDRESS                 |  |   | 3.3. STREET ADDRESS   |   |  |
| CITY - ST - ZIP                |  |   | 3.4 CITY - \$1 - ZIP  |   |  |
| TITLE                          |  | ☐ DELFTE  | 4 1 THILE   |   | ☐ Change ☐ Addition  |
| NAME                           |  |   | 4.2 NAME  |   |  |
| STHEEL ADDRESS                 |  |   | 4.3 STREET ADDRESS  |   |  |
| CITY - ST - ZIP                |  | ☐ DELETE  | 4.4 CHY-ST-7IP  |   | Change Addition  |
| TITLE<br>NAME                  |  |   | 5 1 TITLE<br>5 2 NAME                                       |   | T outside T void(1)()  |
| STREET ADDRESS                 |  |   | 5.3 STREET ADURESS  |   |  |
| CHY-ST-ZIP                     |  |   | 5.4 CITY - ST - ZIP   |   |  |
| TILE                           |  | DELETE  | 6 1 TITLE   |   | Change Addition  |
| NAME                           |  |   | 6 2 NAME  |   |  |
| STREET ADDRESS                 |  |   | 6.3 STREET ADDRESS  |   |  |
| C-TY - ST - Z-P                |  |   | 6 4 CHY+SF+ZIP  |   | Ozioila Fierda Otal to 15 U.   |
| 14. Fdo hereby<br>certify that | y certify that the information supplied in<br>the information indicated on this annu   | with this filing is voluntarily for<br>ual report or supplemental and | nished and does not qualify<br>nual report is true and accu | r for the exemption stated in Section 119 trate and that my signature shall have the    | יטי(ع)(ג), Fionda Statutes. I further same legal effect as if made under |

certify that the information indicated on this annual report or supplemental annual report is true and accorder 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: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR