FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 AUG 23 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
SAS INTERNATIONAL KI SCIENCE ASSOCIATION, INC.

DOCUMENT # S25583 (3)

Mailing Address	Principal Place of Business
801 SOUTH BAYSHORE DRIVE PENTHOUSE 2067 MIAMI FL 33131	801 SOUTH BAYSHORE DRIVE PENTHOUSE 2067 MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1991
3a. Date of Last Report: 04/26/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)
4. FEI Number: 65-0240202 — Applied For — Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
City & State (23) / City & State (28)
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIYAGI, MOTOHIRO "MICKEY" 801 SOUTH BAYSHORE DRIVE #2070 MIAMI FL 33131	81 Name: ROBERt J. FUKUDA 82 Street Address (P.O. Box Number is Not Acceptable): 801 South Bayshore Drive 83 #2067 84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: [signature] (Registered Agent Signature Required When Applicable) DATE: 8/14/94

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/C	11 TITLE	
12 NAME	NAKAGAWA, HAJIME	12 NAME	
13 STREET ADDRESS	801 S. BAYSHORE DR.	13 STREET ADDRESS	
14 CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
21 TITLE	D	21 TITLE	
22 NAME	NAKAGAWA, RIKIKO	22 NAME	
23 STREET ADDRESS	801 S. BAYSHORE DR.	23 STREET ADDRESS	
24 CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
31 TITLE	D/V/S	31 TITLE	
32 NAME	FUKUDA, ROBERT J.	32 NAME	
33 STREET ADDRESS	801 S. BAYSHORE DR.	33 STREET ADDRESS	
34 CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
41 TITLE	D/P	41 TITLE	
42 NAME	MURAKAMI, YOSHIAKI	42 NAME	
43 STREET ADDRESS	801 S BAYSHORE DR	43 STREET ADDRESS	
44 CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
51 TITLE	T	51 TITLE	
52 NAME	FUKUDA, YUKAKO N.	52 NAME	
53 STREET ADDRESS	801 S BAYSHORE DR	53 STREET ADDRESS	
54 CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I consent the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that this information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGN ABOVE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

8/14/94 (Date)
(305) 374-3263 (Daytime Phone #)