FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S25583** **(3)**

1. Corporation Name

SAS INTERNATIONAL KI SCIENCE ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: **01/17/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0240202** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FUKUDA, ROBERT J.
801 SOUTH BAYSHORE DRIVE
SUITE 2067
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when this is filled)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	XX DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NAKAGAWA, HAJIME		1.2 NAME		
STREET ADDRESS	801 S. BAYSHORE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	DT	XX Change ☐ Addition
NAME	NAKAGAWA, RIKIKO		2.2 NAME	NAKAGAWA, RIKIKO	
STREET ADDRESS	801 S. BAYSHORE DR.		2.3 STREET ADDRESS	801 S. BAYSHORE DR. 2067	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	DVS	☐ DELETE	3.1 TITLE	DPS	XX Change ☐ Addition
NAME	FUKUDA, ROBERT J		3.2 NAME	FUKUDA, ROBERT J	
STREET ADDRESS	801 S. BAYSHORE DR.		3.3 STREET ADDRESS	801 S. BAYSHORE DR. 2070	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	XX DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MURAKAMI, YOSHIAKI		4.2 NAME		
STREET ADDRESS	801 S BAYSHORE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	DV	XX Change ☐ Addition
NAME	FUKUDA, YUKAKO N		5.2 NAME	FUKUDA, YUKAKO N	
STREET ADDRESS	801 S BAYSHORE DR		5.3 STREET ADDRESS	801 S. BAYSHORE DR. 2070	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: _____ march 19, '96 (305) 374-3263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)