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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S42493

(4)

1. Corporation Name
NU SUSHI, INC.



Principal Place of Business
1312 N UNIVERSITY DR
CORAL SPRINGS FL 33071-6623

Mailing Address
1312 N UNIVERSITY DR
CORAL SPRINGS FL 33071-6623

3. Date Incorporated or Qualified
04/01/1991

3a. Date of Last Report
05/31/1996

2. Principal Place of Business

21. **SAME**

2a. Mailing Address

26. **SAME**

4. FEI Number
65-0254305

Applied For
☒ Not Applicable

Suite, Apt. #, etc.
22. 1312 N University Dr

Suite, Apt. #, etc.
27. 1312 N. University Dr

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
23. Coral Springs

City & State
28. Coral Springs

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip
24. 33071

Country
25. FL

Zip
29. 33071

Country
30. FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LONERGAN, DAVID J.
3048 BIRD AVE
MIAMI FL 33133-4518

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
AZUMA, YUJI
1312 N UNIVERSITY DR
CORAL SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
AZUMA, EMIKO
1312 N UNIVERSITY DR
CORAL SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHIMOURA, SHINICHI
1312 N UNIVERSITY DR
CORAL SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YUJI. AZUMA

2/1/97

954 755 5211

Date

Daytime Phone

0156729

CR2E034 (9/96)