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

CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V09440

(1)

 Corporation Name MATSUDA ENTERPRISE, INC.

	or circum moc, mo					
Principal Place of Business		Mailing Address				
13608 CLUBSIDE DR TAMPA FL 33624-3426		13608 CLUBSIDE DR TAMPA FL 33624-3426				
					Date Incorporated or Qualified 01/27/1992	3a. Date of Last Report 06/08/1995
2. Principal Place of Business		2a. Mailing Address	F		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		59-3103273	Not Applicable	
22		Suite Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Oity & State 28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for	
24 25		29	30		Florida Statutes Yes No	
	9. Name and Address of Curr	ent Hegistered Agent	81	Name	10. Name and Address of New	Registered Agent
KOJIMA,	YASUHIRO		82		ress (P.O. Box Number is Not Accepta	ihla)
	Lubside dr		L		ress (* :O: Dox Normber is Not Accepta	iciie)
TAMPA F	FL 33624-3426		83			
			84	City		FL 85 Zip Code
familiar wit	o the provisions of Sactions 607.05 ed agent, or both, in the State of Fig. th, and accept the obligations of, Sc. Signature stend or protections of the Sagnature stends of protections.	onda, Such change was author Etion 607.0505, Florida Statute	ized by the con	poration's boa	rd of directors. I hereby accept the app	urpose of changing its registered office pointment as registered agent. I an:
12.		ND DIRECTORS	13.			FICERS AND DIRECTORS IN 12
TITLE	P	☐ DELFTE 1.1				Change Addition
NAME	KOJIMA, YASUHIRO		1.2 NAME			
STREET ADDRESS	13608 CLUBSIDE DR		1.3 STHEET ADDRESS			
CITY-ST-ZIP			14 CITY -	ST - 7:P		
THILE	V NO BLAN HIDSTLIF	☐ DELETE 2				Change 🔲 Addition
NAMÉ	12000 CLUBRIDE DD		2 2 NAME	İ		
STREET ADDRESS	TAMBA EI		23 STALL	I ADDRESS		
CITY-ST-ZIP TITLE			2 4 CITY - 3 1 TITLE	S1 - ZIF		
NAME	KOJIMA, HEATHER K					Change [Addition
STREET ADDRESS	12000 CHIRCIDE DD		3.2 NAME			
CHTY - ST - ZIP	TAMPA CI			I ADDRESS		
THILE			3.4 CITY - 4.1 TITLE	21-219		Change Addition
NAME			4.2 NAME			_ o large _ Modition
STREET ADDRESS				ADDRESS		
CITY-S1-ZIP			4.4 CITY - 1			
TITLE		DELETE	5 ' TI'LE	,		Change Addition
NAMÉ		_	5.2 NAME			
STREET ADDRESS				ADDRESS		
C(TY-ST-2IP	f		5.4 CiTy - 5			
TITLE			6 1 T-TLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREE	ADDRESS		ļ
CITY - ST - ZIP			6.4 CITY - 5	ſ		

14. Ido 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)(k), Florida Statutes I further certify that the information indicated on this annual report or supplieriental 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 60?, Florida Statutes; and that my name appears in Block 13 if charging or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATU