FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 7:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/12/95--01013--015
****200.00 ****200.00

DOCUMENT # V50448

1. Corporation Name

Hattori Senkoh, Inc.

Principal Place of Business	Mailing Address
1934 S.E. Camden St. Port St. Lucie, FL 34952-6711	1934 S.E. Camden St. Port St.Lucie, FL FL 34952-6711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/14/1992	04/25/94

2. Principal Place of Business	2a. Mailing Address
21 Bldg. 787 NE Dixie Hwy	26
Suite, Apt. #, etc 22 Unit 102	Suite, Apt. #, etc 27
City & State 23 Jensen Beach, FL	City & State 28
Zip / Country 24 34957 / 25 U.S.A.	Zip / Country 29 / 30

4. FEI Number: 65-0365185 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Corporation Information Service, Inc. 1201 Hays Street Tallahassee, FL 32301	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 required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/T/S/D/V/M	11 TITLE	P/T/S/D/V	☒ Change ☐ Addition
NAME	Hattori, Fumio	12 NAME	Hattori, Fumio	
STREET ADDRESS	1934 SE CAMDEN ST	13 STREET ADDRESS	1934 SE CAMDEN ST	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	14 CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
TITLE	M	21 TITLE	M	☐ Change ☒ Addition
NAME	Hattori, Masafumi	22 NAME	Hattori, Masafumi	
STREET ADDRESS	1934 SE CAMDEN ST	23 STREET ADDRESS	1934 SE CAMDEN ST	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	24 CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	JP 5/10	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
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 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: _____ Hattori, Fumio 04/24/95 (407) 335-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #