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Secretary of State

04-02-1999 90074 047 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P26525

1. Corporation Name
FRONTIER FRESH INC
 PACIFIC FRESH TRADING, INC.



Principal Place of Business 515 S FIGUERO ST. STE 1900 LOS ANGELES CA 90071 US	Mailing Address 515 S FIGUEROA ST. STE 1900 LOS ANGELES CA 90071 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 465 CALIFORNIA ST. Suite, Apt. #, etc. SUITE 610 22 c/o TOSHOKU AMERICA City & State 23 SAN FRANCISCO, CA. Zip 24 94104 Country 25 USA		2a. Mailing Address 26 465 CALIFORNIA ST. Suite, Apt. #, etc. SUITE 610 27 c/o TOSHOKU AMERICA City & State 28 SAN FRANCISCO, CA. Zip 29 94104 Country 30 USA		3. Date Incorporated or Qualified 10/19/1989	
4. FEI Number 95-4235563		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST, STE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KIMES, RICHARD L JR 515 S FIGUEROA ST, #1900 LOS ANGELES CA <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	NEW DIRECTOR SUGAWARA, FUMIYOSHI 465 CALIFORNIA ST. #610 SAN FRANCISCO, CA. 94104 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIRANO, TERUSHIGE 515 S FIGUEROA ST, #1900 LOS ANGELES CA <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	STAFF DIRECTOR MITSUKE, MOTOHIKO 465 CALIFORNIA ST. #610 SAN FRANCISCO, CA. 94104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOYODA, MITSUO 515 S. FIGUEROA ST., SUITE 1900 LOS ANGELES CA <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DIRECTOR KAKINOHANA, NAOTO 465 CALIFORNIA ST. #610 SAN FRANCISCO, CA. 94104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAWAGUICHI, HIRO 515 S FIGUEROA ST, #1900 LOS ANGELES CA <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUZUKI, TOMIO 515 S. FIGUEROA ST., SUITE 1900 LOS ANGELES CA <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: MOTOHIKO MITSUKE 03/31/99 (415) 986-5622
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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