

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 # 833450 (0)
1. Corporation Name
RED-WHITE VALVE CORP.



Principal Place of Business: **20600 REGENCY LN LAKE FOREST CA 92630 US**
Mailing Address: **20600 REGENCY LN LAKE FOREST CA 92630 US**

3. Date Incorporated or Qualified: **12/07/1974**
3a. Date of Last Report: **02/17/1995**
4. FEI Number: **95-2688205**
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

21. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
22. Mailing Address: Suite, Apt. #, etc. City & State Zip Country
23. City & State
24. Zip Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	NAGAI, AKIRA	
STREET ADDRESS	20600 REGENCY LANE	
CITY- ST- ZIP	LAKE FOREST CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KITAZAWA, S.	
STREET ADDRESS	20600 CANADA ROAD	
CITY- ST- ZIP	EL TORO CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KODAMA, H	
STREET ADDRESS	20600 REGENCY LN	
CITY- ST- ZIP	LAKE FOREST CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRMURA, T	
STREET ADDRESS	20600 REGENCY LN	
CITY- ST- ZIP	LAKE FOREST CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUROSE, HARUO	
STREET ADDRESS	20600 CANADA ROAD	
CITY- ST- ZIP	EL TORO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOTANI, RYOICHIRO	
STREET ADDRESS	20600 REGENCY LANE	
CITY- ST- ZIP	LAKE FOREST CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Takahashi, Seiki
6.3 STREET ADDRESS	20600 Regency Lane
6.4 CITY- ST- ZIP	Lake Forest, CA 92630

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Akira Nagai* Akira Nagai, President 1-25-96 714-859-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)