

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 10 1995

DOCUMENT # 834677 (7)

1. Corporation Name
TOCHU INTERNATIONAL INC.

Principal Place of Business Mailing Address
335 MADISON AVENUE NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/15/1975** 3a. Date of Last Report **03/02/1994**

4. FEI Number **13-1850807** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
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 **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 of agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **COOD**
NAME **KANADE, ICHIRO**
STREET ADDRESS **335 MADISON AVENUE**
CITY ST ZIP **NEW YORK NY**

TITLE **VT**
NAME **KUBOTA, SHINYA**
STREET ADDRESS **335 MADISON AVENUE**
CITY ST ZIP **NEW YORK NY**

TITLE **CEOD**
NAME **CHAI, JAY W.**
STREET ADDRESS **335 MADISON AVENUE**
CITY ST ZIP **NEW YORK, NY.**

TITLE **VS**
NAME **KATO, RYOTARO**
STREET ADDRESS **335 MADISON AVENUE**
CITY ST ZIP **NEW YORK NY**

TITLE **V**
NAME **SMITH, THOMAS D.**
STREET ADDRESS **335 MADISON AVENUE**
CITY ST ZIP **NEW YORK NY**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1.1 TITLE Change Addition
1.2 NAME **Yushin Okazaki**
1.3 STREET ADDRESS
1.4 CITY ST ZIP

2.1 TITLE Change Addition
2.2 NAME **Tetsutaro Sato**
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: T.D. Smith

June 7, 1995 (212)818-8091
Date (Area Code)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)