

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 852016 (5)

95 FEB - 1 PM 12: 04

1. Corporation Name
MITSUBISHI MOTOR SALES OF AMERICA, INC.

Principal Place of Business Mailing Address
6400 W KATELLA AVENUE CYPRESS CA 90630-5208

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1982	3a. Date of Last Report 03/07/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-8673256	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKEUCHI, TOHEI	1.2 NAME	
STREET ADDRESS	6400 KATELLA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CYPRESS CA	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAMANO, TOSHIYA	2.2 NAME	Masaki Takahashi
STREET ADDRESS	8891 BAYWOOD DR.	2.3 STREET ADDRESS	6400 Katella Avenue
CITY-ST-ZIP	HUNTINGTON BCH. CA	2.4 CITY-ST-ZIP	Cypress, CA 90630
TITLE	EVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECCHIA, RICHARD D	3.2 NAME	
STREET ADDRESS	600-101 BROXTON COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONOBE, TAKASHI	4.2 NAME	
STREET ADDRESS	6400 KATELLA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CYPRESS CA	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UO, SEIICHI	5.2 NAME	
STREET ADDRESS	5 HERON	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP	
TITLE	VPS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOHYAMA, HIROSHI	6.2 NAME	Toshikazu Nojima
STREET ADDRESS	6400 KATELLA AVE	6.3 STREET ADDRESS	6400 Katella Avenue
CITY-ST-ZIP	CYPRESS CA	6.4 CITY-ST-ZIP	Cypress, CA 90630

14. I do hereby certify that the information supplied with this filing is accurately completed and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this filing 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 its receiver, trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, in an appointment with an address.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director)
Richard D. Recchia

DATE: **1/26/95** (Date)
PHONE: **714/372-619C** (Phone Area #)