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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 852016 (5)

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



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

3. Date Incorporated or Qualified: 02/26/1982
3a. Date of Last Report: 02/27/1996
4. FEI Number: 95-3673256
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
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PCEO <input type="checkbox"/> DELETE
NAME	TAKEUCHI, TOHEI
STREET ADDRESS	6400 KATELLA AVE
CITY - ST - ZIP	CYPRESS CA
TITLE	EVP <input type="checkbox"/> DELETE
NAME	TAKAHASHI, MASAKI
STREET ADDRESS	6400 KATELLA AVENUE
CITY - ST - ZIP	CYPRESS CA
TITLE	EVP <input type="checkbox"/> DELETE
NAME	RECCHIA, RICHARD D
STREET ADDRESS	600-101 BROCTON COURT
CITY - ST - ZIP	LONG BEACH CA
TITLE	EVP <input type="checkbox"/> DELETE
NAME	SONOBE, TAKASHI
STREET ADDRESS	6400 KATELLA AVE
CITY - ST - ZIP	CYPRESS CA
TITLE	SVP <input type="checkbox"/> DELETE
NAME	UO, SEICHI
STREET ADDRESS	5 HERON
CITY - ST - ZIP	IRVINE CA
TITLE	VPS <input checked="" type="checkbox"/> DELETE
NAME	NOJIMA, TOSHIKAZU
STREET ADDRESS	6400 KATELLA AVENUE
CITY - ST - ZIP	CYPRESS 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	EXECUTIVE VICE PRESIDENT, FINANCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	EVP, CHIEF OPERATING OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	EVP, CORPORATE PLANNING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	VICE PRESIDENT & GEN. COUNSEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ELLEN J. GLEBERMAN
6.3 STREET ADDRESS	6400 KATELLA AVE
6.4 CITY - ST - ZIP	CYPRESS, CA 90630

14. I do 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.

SIGNATURE: *John E. Zorger* SIGNATURE REQUIRED: _____ DATE: 1/13/97 DAYTIME PHONE: 714 372 6000

CR2E034 (9/96)