

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P11238 (3)
1. Corporation Name

MITSUBISHI HEAVY INDUSTRIES AMERICA, INC.



Principal Place of Business: **630 FIFTH AVENUE, SUITE 3450 NEW YORK NY 10111**
Mailing Address: **630 FIFTH AVENUE, SUITE 3450 NEW YORK NY 10111**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1986	3a. Date of Last Report 06/28/1995
21. Suite, Apt #, etc	22. City & State	26. Suite, Apt #, etc	27. City & State	4. FEI Number 36-3031033	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Zip	26. Country	30. Zip	31. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 may be Added to Fees
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.
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 _____ (Name, typed or printed name of registered agent and title, if applicable) (Name, typed or printed name of registered agent and title, if applicable) (Name, typed or printed name of registered agent and title, if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	11 TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KODA, KIMMOCHI	12 NAME	Mr. Seitard O Hira
STREET ADDRESS	100 UNITED NATIONS PLAZA, APT 15A	13 STREET ADDRESS	630 F. 5th Avenue, Ste 3450
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	New York, NY 10111
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETSUHIKO, ARAKANE	22 NAME	
STREET ADDRESS	3030 E VICTORIA ST	23 STREET ADDRESS	
CITY-ST-ZIP	RANCHO DOMINQUEZ CA	24 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIYAZAKI, KIICHIRO	32 NAME	
STREET ADDRESS	2500 GIANT OAK DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	UPPER ST. CLAIR PA	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISHIHARA, TAKESHI	42 NAME	
STREET ADDRESS	50 EAST HARTSDALE, AVE., UNIT 5-J	43 STREET ADDRESS	
CITY-ST-ZIP	HARTSDALE NY	44 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANAKA, KEN	52 NAME	
STREET ADDRESS	238 EAST 47TH ST, APT. 28-C	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELLER, JOHN L	62 NAME	
STREET ADDRESS	13465 SPENCERVILLE ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	PENN VALLEY CA	64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Takeshi Ishihara **6/13/96** **(212)969-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)