

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 15 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 844673 (4)
 1. Corporation Name
THE BANK OF TOKYO, LTD., INC.

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|---|---|
| Principal Place of Business 2100 PONCE DE LEON BLVD. PENTHOUSE SUITE CORAL GABLES FL 33134 | Mailing Address 2100 PONCE DE LEON BLVD. PENTHOUSE SUITE CORAL GABLES FL 33134 |
|---|---|

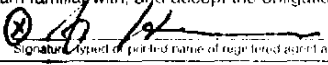


DO NOT WRITE IN THIS SPACE

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|---|--|---|--|--|--|
| 2. Principal Place of Business 21 22C Alhambra Circle, Suite 900 Suite, Apt. #, etc. 22 Suite 900 City & State 23 Coral Gables, Florida Zip 24 33134 | | 2a. Mailing Address 26 220 Alhambra Circle Suite, Apt. #, etc. 27 Suite 900 City & State 28 Coral Gables, Florida Zip 29 33134 | | 3. Date Incorporated or Qualified 11/21/1979 4. FEI Number 13-5611741 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|---|--|---|--|--|--|

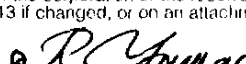
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| 9. Name and Address of Current Registered Agent UDAGAWA, YOICHIRO 2100 PONCE DE LEON BLVD. PENTHOUSE SUITE CORAL GABLES FL 33134 | | 10. Name and Address of New Registered Agent 81 Name Hosaka, Akihiro 82 Street Address (P.O. Box Number is Not Acceptable) 220 Alhambra Circle, Suite 900 83 84 City Coral Gables FL 85 Zip Code 33134 | |
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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  April 30, 1998
(Signature typed or printed name of registered agent and tax, if applicable) (NOTE - Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | GM <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | General Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UDAGAWA, YOICHIRO | 1.2 NAME | Hosaka, Akihiro |
| STREET ADDRESS | 2100 PONCE DE LEON BLVD. | 1.3 STREET ADDRESS | 220 Alhambra Circle, Suite 900 |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 1.4 CITY-ST-ZIP | Coral Gables, Florida 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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  Ryotaro Yamada, Deputy General Manager & Comptroller April 30, 1998

CR2E034 (10/97)