

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 # **851803** (7)

1. Corporation Name
MARUBENI AMERICA CORPORATION



Principal Place of Business: **450 LEXINGTON AVE, 35TH FLOOR ATTN TAX DEPT, NEW YORK NY 10017-3904, US**
 Mailing Address: **450 LEXINGTON AVE, 35TH FLOOR ATTN TAX DEPT, NEW YORK NY 10017-3904, US**

3. Date Incorporated or Qualified: **02/09/1982**
 3a. Date of Last Report: **04/18/1995**
 4. FEI Number: **13-5643190**
 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 (21-24) and Mailing Address (2a-30) details including Suite, Apt #, etc., City & State, Zip, and 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 (81-85) details including Name, Street Address, City, and 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MIZUNO, MASARU	
STREET ADDRESS	415 EAST 54TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ISHIMARU, YUICHIQ	
STREET ADDRESS	450 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ANABUKI, HIROYUKI	
STREET ADDRESS	1300 N. LAKE SHORE DR.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VCFD	<input type="checkbox"/> DELETE
NAME	SAKAMOTO, KAZUHIKO	
STREET ADDRESS	450 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATSUJURA, Y	
STREET ADDRESS	450 LEXINGTON AVE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WATANABE, S	
STREET ADDRESS	450 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Katsuo Koh	
1.3 STREET ADDRESS	450 Lexington Avenue	
1.4 CITY-ST-ZIP	New York, NY	
2.1 TITLE	Executive Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Senior Vice President & CACFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Asst. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Eric B. Andrew	
6.3 STREET ADDRESS	450 Lexington Avenue	
6.4 CITY-ST-ZIP	New York, NY	

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: Eric B. Andrew Eric B. Andrew, Asst.V.P. 6/1/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
 (212) 450-0230

CR2E034 (3/96)