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

APPROVED AND FILED

95 MAY -1 AM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # F93000001054 (6)

1. Corporate Name
JUN MAKIHARA INC.

Principal Place of Business
85 BROAD STREET
NEW YORK NY 10004

Mailing Address
85 BROAD STREET
NEW YORK NY 10004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1993

3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 13-3694637 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

8. Does corporation owe any back taxes under the Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 (for profit) or 617.0502 (not for profit), 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 | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95 | |
|---|---|---|---|
| Title | PD | | ☐ Change ☐ Addition |
| Name | MAKIHARA, JUN | | |
| Street Address | 85 BROAD STREET | | |
| City-State-Zip | NEW YORK NY 10004 | | |
| Title | S | | ☐ Change ☐ Addition |
| Name | MCHUGH, JAMES B | | |
| Street Address | 85 BROAD STREET | | |
| City-State-Zip | NEW YORK NY 10004 | | |
| Title | T | T/VC | ☒ Change ☐ Addition |
| Name | SCHLESINGER, STUART J | Stecher, Esta E. | |
| Street Address | 85 BROAD STREET | 85 Broad Street | |
| City-State-Zip | NEW YORK NY | New York, NY 10004 | |
| Title | D | | ☐ Change ☐ Addition |
| Name | KATZ, ROBERT J | | |
| Street Address | 85 BROAD STREET | | |
| City-State-Zip | NEW YORK NY 10004 | | |
| Title | D | | ☐ Change ☐ Addition |
| Name | VINIAR, DAVID A | | |
| Street Address | 85 BROAD STREET | | |
| City-State-Zip | NEW YORK NY | | |
| Title | AS | | ☒ Change ☐ Addition |
| Name | BECKMAN, JOEL | (delete) | |
| Street Address | 85 BROAD STREET | | |
| City-State-Zip | NEW YORK NY | | |

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: James B. McHugh 4/13/95 (212) 902-1000

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Telephone Number)

0000000 CP