


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

FILED

Feb 20 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 # F93000001054 (6)	
1. Corporation Name JUN MAKIHARA INC.	



Principal Place of Business 85 BROAD STREET NEW YORK NY 10004	Mailing Address 85 BROAD STREET NEW YORK NY 10004-2434
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1993	3a. Date of Last Report 08/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 13-3694637		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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. City		84. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKIHARA, JUN	1.2 NAME	
STREET ADDRESS	ARK MORI BLDG. 12-32 ALASAKA 1-CHOME	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINATO-KU, TOKYO 107, JAPAN	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHUGH, JAMES B	2.2 NAME	
STREET ADDRESS	85 BROAD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECHEER, ESTA E.	3.2 NAME	Esta E. Stecher
STREET ADDRESS	85 BROAD STREET	3.3 STREET ADDRESS	85 Broad Street
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, New York 10004
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ROBERT J	4.2 NAME	
STREET ADDRESS	85 BROAD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINIAR, DAVID A	5.2 NAME	David A. Viniar
STREET ADDRESS	85 BROAD STREET	5.3 STREET ADDRESS	85 Broad Street
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, New York 10004
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 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:

James B. McHugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

(212)902-1000

James B. McHugh, Secretary

Daytime Phone

00044862

CR2E034 (9/96)