

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F93000002605**

1. Corporation Name

SCP (Amelia) Inc.

800001836388
-05/23/96--01017--023
***225.00

Principal Place of Business
1055 West 7th Street, 18/F1.
Los Angeles, CA 90017

Mailing Address
1055 West 7th Street, 18/F1.
Los Angeles, CA 90017

3. Date Incorporated or Qualified 6/4/93	3a. Date of Last Report 3/16/95
4. FEI Number 95-4417006	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays St.
Suites 105
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	Usui, Shigeru
STREET ADDRESS	1251 Ave. of the Americas, 22nd Fl
CITY-ST-ZIP	New York, NY 10020
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	Ikeda, Kenji
STREET ADDRESS	1055 W. Seventh St. 18th Fl.
CITY-ST-ZIP	Los Angeles, CA 90017
TITLE	SD <input type="checkbox"/> DELETE
NAME	Takasaki, Yasuhiro
STREET ADDRESS	1251 Ave. of the Americas, 22nd Fl
CITY-ST-ZIP	New York, NY 10020
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Ishii, Akio
STREET ADDRESS	1055 W. Seventh St., 18th Fl.
CITY-ST-ZIP	Los Angeles, CA 90017
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Oguma, Takahisa
1.3 STREET ADDRESS	3-2 Shibaura 1-chome, Minato-Ku
1.4 CITY-ST-ZIP	Tokyo, Japan
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fujisawa, Shinichiro
5.3 STREET ADDRESS	1055 W. Seventh St. 18th Fl.
5.4 CITY-ST-ZIP	Los Angeles, CA 90017
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Yasuhiro Takasaki 5/7/96 (212) 730-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone 4

CR2E034 (12/95)