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YAESU USA INTL. --- JB

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|------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

DOCUMENT # F93000004472 (7)

1. Corporation Name  
YAESU MUSEN U.S.A., INC.

Principal Place of Business

7270 NW 12TH ST.  
SUITE 320  
MIAMI FL 33126

Mailing Address

7270 NW 12TH ST.  
SUITE 320  
MIAMI FL 33126-1928

FILED

97 DEC 19 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

|                                |  |                        |  |                                                                                         |  |                              |  |
|--------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------|--|------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified                                                       |  | 3b. Date of Last Report      |  |
| 21 17210 EDWARDS RD.           |  | 26                     |  | 10/05/1993                                                                              |  | 03/20/1996                   |  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number                                                                           |  | Applied For                  |  |
| 23 City & State                |  | 28 City & State        |  | 95-2815202                                                                              |  | Not Applicable               |  |
| 24 Zip                         |  | 29 Zip                 |  | 5. Certificate of Status Desired                                                        |  | 8.75 Additional Fee Required |  |
| 90703                          |  | USA                    |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | 5.00 May Be Added to Fees    |  |
| 25 Country                     |  | 30 Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | Yes No                       |  |

9. Name and Address of Current Registered Agent

CHAJN, CARLOS  
7270 NW 12TH ST.  
SUITE 320  
MIAMI FL 33126

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12-16-97

DATE

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
|----------------------------|--------------------------------|-------------------------------------------------------|-----------------|
| TITLE                      | NAME                           | 1.1 TITLE                                             | 1.2 NAME        |
| STREET ADDRESS             | 42 COUNTRY LANE                | 1.3 STREET ADDRESS                                    | 1.4 CITY-ST-ZIP |
| CITY-ST-ZIP                | ROLLING HILLS ESTATES CA 90274 | 2.1 TITLE                                             | 2.2 NAME        |
|                            |                                | 2.3 STREET ADDRESS                                    | 2.4 CITY-ST-ZIP |
| TITLE                      | NAME                           | 3.1 TITLE                                             | 3.2 NAME        |
| STREET ADDRESS             | 9238 ANSON RIVER               | 3.3 STREET ADDRESS                                    | 3.4 CITY-ST-ZIP |
| CITY-ST-ZIP                | FOUNTAIN VALLEY CA 92708       | 4.1 TITLE                                             | 4.2 NAME        |
| TITLE                      | NAME                           | 4.3 STREET ADDRESS                                    | 4.4 CITY-ST-ZIP |
| STREET ADDRESS             | 135 E. JAY ST.                 | 5.1 TITLE                                             | 5.2 NAME        |
| CITY-ST-ZIP                | CARSON CA 90745                | 5.3 STREET ADDRESS                                    | 5.4 CITY-ST-ZIP |
| TITLE                      | NAME                           | 6.1 TITLE                                             | 6.2 NAME        |
| STREET ADDRESS             |                                | 6.3 STREET ADDRESS                                    | 6.4 CITY-ST-ZIP |
| 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)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to exercise the powers 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:

Herminia T. Pina - CORP. SEC / FIN. MGR.

11-18-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR