FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005601 (0)**

1. Corporation Name
C K C (USA) CORP.

Principal Place of Business
6100 BLUE LAGOON DR.
STE. 450
MIAMI FL 33126

Mailing Address
6100 BLUE LAGOON DR.
STE. 450
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/09/1993
3a. Date of Last Report: 09/26/1994
4. FEI Number: 52-1814563 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 SE FIRST ST., 12TH FL.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd.
83 Suite 4874
84 City Miami, FL 85 Zip Code 33131

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) DATE

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.		13.		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SEKO, TAKAMI	1.2 NAME		
STREET ADDRESS	5-47-10 KAMI-TAKADA	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAKANO-KU, TOKYO	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	SEKO, TOMIO	2.2 NAME		
STREET ADDRESS	14-4-403 UQUISUDANI-CHO	2.3 STREET ADDRESS	14-4-403 UGUISUDANI-CHO	
CITY-ST-ZIP	SHIBUYA-KU, TOKYO	2.4 CITY-ST-ZIP		
TITLE	AUDT	3.1 TITLE		☐ Change ☐ Addition
NAME	KODAMA, MITSUHIKO	3.2 NAME		
STREET ADDRESS	3-37-23 HATAGAYA	3.3 STREET ADDRESS		
CITY-ST-ZIP	SHIBUYA-KU, TOKYO	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GOTO, AKIRA	4.2 NAME		
STREET ADDRESS	1-40-14 KAMI-SOSHIGAYA	4.3 STREET ADDRESS		
CITY-ST-ZIP	SETAGAYA-KU, CHIBA	4.4 CITY-ST-ZIP	SETAGAYA-KU, TOKYO	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	YOSHIMITSU, TADASHI	5.2 NAME		
STREET ADDRESS	30-69 DAINICHI	5.3 STREET ADDRESS		
CITY-ST-ZIP	YOTSUKAIDO-SHI, CHIBA	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SAYAMA, MINORU	6.2 NAME		
STREET ADDRESS	5-7-108 HINODE	6.3 STREET ADDRESS		
CITY-ST-ZIP	URAYASU-SHI, CHIBA	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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/95 Date
(305) 265-8840 Daytime Phone #

0121774 CP