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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:41

DOCUMENT # **F93000005748 (9)**

1. Corporation Name
NEW JAS INT'L INC.

Principal Place of Business	Mailing Address
145-56 155TH ST., 2ND FLOOR JAMAICA NY 11434	145-56 155TH ST., 2ND FLOOR JAMAICA NY 11434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/20/1993**
3a. Date of Last Report: **03/23/1994**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **13-2900579** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	KITADE, EIJI	1.2 NAME	
STREET ADDRESS	1-2-10 CI MANSION HIMONYO 205	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIMONYA, MEGURO-KU, TOKYO, JAPAN	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	HIRAKI, TOKUO	2.2 NAME	
STREET ADDRESS	110 WILSON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY 11530	2.4 CITY-ST-ZIP	
TITLE	DVS	3.1 TITLE	☐ Change ☐ Addition
NAME	KIKUCHI, SAKUO	3.2 NAME	
STREET ADDRESS	27002 SPRINGCREEK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	RANCHOS PALOS VERDES CA 90274	3.4 CITY-ST-ZIP	
TITLE	~~D~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~KOBE, YASUHIRO~~ HE QUIT	4.2 NAME	
STREET ADDRESS	~~81 CLARENCE RD.~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~SCARSDALE NY 10583~~	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	NIIRO, MAKOTO	5.2 NAME	
STREET ADDRESS	5214 SCOTT ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA 90503	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ MAKOTO NIIRO 1/26/95 (310) 787-6500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0473073 FP