

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000005748 (9)

1. Corporation Name

NEW JAS INT'L INC.



Principal Place of Business

145-56 155TH ST., 2ND FLOOR  
JAMAICA NY 11434

Mailing Address

145-56 155TH ST., 2ND FLOOR  
JAMAICA NY 11434

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-2900579

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

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 607.0402 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 of Registered Agent or Officer or Director when not dated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                                         |                                            |
|----------------|---------------------------------------------------------|--------------------------------------------|
| NAME           | C<br>KITADE, EIJI                                       | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 1-2-10 CI MANSION HIMONYO 205                           |                                            |
| CITY-STATE-ZIP | HIMONYA, MEGURO-KU, TOKYO, JAPAN                        |                                            |
| NAME           | DP                                                      | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | HIRAKI, TOKUO                                           |                                            |
| CITY-STATE-ZIP | 110 WILSON ST.<br>GARDEN CITY NY 11530                  |                                            |
| NAME           | DVS                                                     | <input type="checkbox"/> DELETE            |
| STREET ADDRESS | KIKUCHI, SAKUO                                          |                                            |
| CITY-STATE-ZIP | 27002 SPRINGCREEK ROAD<br>RANCHOS PALOS VERDES CA 90274 |                                            |
| NAME           | D                                                       | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | KOBE, YASUHIRO                                          |                                            |
| CITY-STATE-ZIP | 81 CLARENCE RD.<br>SCARSDALE NY 10583                   |                                            |
| NAME           | T                                                       | <input type="checkbox"/> DELETE            |
| STREET ADDRESS | NIRO, MAKOTO                                            |                                            |
| CITY-STATE-ZIP | 5214 SCOTT ST.<br>TORRANCE CA 90503                     |                                            |
| NAME           |                                                         | <input type="checkbox"/> DELETE            |
| STREET ADDRESS |                                                         |                                            |
| CITY-STATE-ZIP |                                                         |                                            |

|                    |                                    |                                                                              |
|--------------------|------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | C                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | GOSHI KIRIMOTO                     |                                                                              |
| 1.3 STREET ADDRESS | EDEL HIGHM 704 5-8-41              |                                                                              |
| 1.4 CITY-STATE-ZIP | KIBA, KOTO-KU, TOKYO, JAPAN        |                                                                              |
| 2.1 TITLE          | DP                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | TAKEHIKO YOSHIDA                   |                                                                              |
| 2.3 STREET ADDRESS | 145 EAST 48TH ST. ROOM 17G         |                                                                              |
| 2.4 CITY-STATE-ZIP | NEW YORK, NY 10017                 |                                                                              |
| 3.1 TITLE          | D                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | TOKUO HIRAKI                       |                                                                              |
| 3.3 STREET ADDRESS | MESON K201 6-16-6                  |                                                                              |
| 3.4 CITY-STATE-ZIP | ITON-MACHI, NAKANO-KU, TOKYO JAPAN |                                                                              |
| 4.1 TITLE          | D                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | TADAYOSHI MATSUSHITA               |                                                                              |
| 4.3 STREET ADDRESS | 1-37-7 E1 FUKU-CHO                 |                                                                              |
| 4.4 CITY-STATE-ZIP | SUGINAMI-KU, TOKYO, JAPAN          |                                                                              |
| 5.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                    |                                                                              |
| 5.3 STREET ADDRESS |                                    |                                                                              |
| 5.4 CITY-STATE-ZIP |                                    |                                                                              |
| 6.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                    |                                                                              |
| 6.3 STREET ADDRESS |                                    |                                                                              |
| 6.4 CITY-STATE-ZIP |                                    |                                                                              |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAKOTO NIRO TREASURER

1/31/96

(310) 787-6500

CR2E034 (12/95)