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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 11434-4217

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

02/20/1996

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

2. Principal Place of Business

21 1830 205th Street

Suite, Apt. #, etc.

City & State

23 Torrance CA

Zip

24 90501

Country

25 LA

2a. Mailing Address

26 1830 205th Street

Suite, Apt. #, etc.

City & State

28 Torrance CA

Zip

29 90501

Country

30 LA

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

Signature of person authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	GOSHI KIRIMOTO	
STREET ADDRESS	EDEL HIGHM 704 5-8-41	
CITY- ST- ZIP	KIBA KO	
TITLE	DP	☐ DELETE
NAME	TAKEHIKO YOSHIDA	
STREET ADDRESS	145 EAST 48TH ST. ROOM 17G	
CITY- ST- ZIP	NEW YORK NY	
TITLE	DVS	☐ DELETE
NAME	KIKUCHI, SAKUO	
STREET ADDRESS	27002 SPRINGCREEK ROAD	
CITY- ST- ZIP	RANCHOS PALOS VERDES CA 90274	
TITLE	D	☒ DELETE
NAME	TOKUO HIRAKI	
STREET ADDRESS	MESON K201 6-16-6	
CITY- ST- ZIP	HON-MACHI NA	
TITLE	T	☒ DELETE
NAME	NIRO, MAKOTO	
STREET ADDRESS	5214 SCOTT ST.	
CITY- ST- ZIP	TORRANCE CA 90503	
TITLE	D	☒ DELETE
NAME	TADAYOSHI MATSUSHITA	
STREET ADDRESS	1-37-7 E1 FUKA CHO	
CITY- ST- ZIP	SUGINAMI-KU TO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/O	☒ Change ☐ Addition
1.2 NAME	Goshi Kirimoto	
1.3 STREET ADDRESS	7-2-10 Akasaka, Minatoku	
1.4 CITY- ST- ZIP	Tokyo 107 Japan	
2.1 TITLE	D/P/T	☒ Change ☐ Addition
2.2 NAME	Takehiko Yoshida	
2.3 STREET ADDRESS	320 The Village #209	
2.4 CITY- ST- ZIP	Redondo Beach, CA 90277	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Yuji Iwasaki	
4.3 STREET ADDRESS	9 Pepperday Ave.	
4.4 CITY- ST- ZIP	Port Washington, NY 11050	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ 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 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:

Signature and Typed or Printed Name of Signing Officer or Director
Takehiko Yoshida

Date
3/18/97

Daytime Phone #
310-787-6500

CR2E034 (9/96)