

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morsham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001070 (1)

1. Corporation Name

NICHIMEN AMERICA INC.

**SECRET/FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:00

Principal Place of Business

**1185 AVE OF THE AMERICAS
NEW YORK NY 10036-2643**

Mailing Address

**1185 AVE OF THE AMERICAS
NEW YORK NY 10036-2643**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/03/1994

3a. Date of Last Report

1st Year

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

13-5606694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No (Filed & Paid)

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS ST.
SUITE 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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

HIROTA, Y

STREET ADDRESS

860 UN PLAZA

CITY-ST-ZIP

NEW YORK NY 10017

TITLE

VSD

NAME

SUGIMOTO, Y

STREET ADDRESS

415 E. 54TH ST.

CITY-ST-ZIP

NEW YORK NY 10022

TITLE

T

NAME

WATANABE, S

STREET ADDRESS

65 SHEEPHILL RD.

CITY-ST-ZIP

RIVERSIDE CT 06878

TITLE

V

NAME

MURASAWA, J

STREET ADDRESS

560 HALSTEAD AVE., #3C

CITY-ST-ZIP

HARRISON NY 10528

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VSD

HASHIMOTO, A

415 E. 54TH ST.

NEW YORK, NY 10022

V

NISHIKAWA, S

560 HALSTEAD AVE., #3C

HARRISON, NY 10528

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 110.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. NISHIKAWA, VICE PRESIDENT, 01/10/95

(212) 536-0658

DATE (Month/Year)