

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 4-15-96

3588

DOCUMENT # F94000001070 (1)

1. Corporation Name

NICHIMEN AMERICA INC.

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



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

3. Date Incorporated or Qualified	3a. Date of Last Report
03/03/1994	01/19/1995
4. FEI Number	Applied For
13-5606694	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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 firm if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HIROTA, Y	1.2 NAME	Hashimoto, A.
STREET ADDRESS	860 UN PLAZA	1.3 STREET ADDRESS	860 UN Plaza
CITY-STATE-ZIP	NEW YORK NY 10017	1.4 CITY-STATE-ZIP	New York, NY 10017
TITLE	VSD	2.1 TITLE	VSD
NAME	HASIMOTO, A	2.2 NAME	Yamaguchi, K.
STREET ADDRESS	415 E 54 ST	2.3 STREET ADDRESS	415 E. 54th St.
CITY-STATE-ZIP	NEW YORK NY	2.4 CITY-STATE-ZIP	New York, NY
TITLE	T	3.1 TITLE	
NAME	WATANABE, S	3.2 NAME	
STREET ADDRESS	65 SHEEPHILL RD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	RIVERSIDE CT 06878	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	
NAME	NISHIKAWA, S	4.2 NAME	
STREET ADDRESS	560 HALSTEAD AV, #3C	4.3 STREET ADDRESS	
CITY-STATE-ZIP	HARRISON NY	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Nishikawa, Vice President, 4/9/96 (212) 536-0659

CR2E034 (12/95)