

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F94000002223 (5)**

1. Corporation Name

**CIM INDUSTRIAL MACHINERY INC.**



Principal Place of Business

**7950 BLANKENSHIP  
HOUSTON TX 77055**

Mailing Address

**7950 BLANKENSHIP  
HOUSTON TX 77055**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**04/13/1994**

3a. Date of Last Report

**02/06/1995**

4. FEI Number **74-1777670**

**74-1777670 correction**

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

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 type or print name of registered agent and fee, if applicable

(If the Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	<b>PSTD</b>			<input type="checkbox"/> DELETE			
	<b>USHIOZU, ISAO</b>						
	<b>7950 BLANKENSHIP</b>						
	<b>HOUSTON TX 77055</b>						
	<b>D</b>			<input type="checkbox"/> DELETE			
	<b>KUBOTA, TAKEFUMI</b>						
	<b>335 MADISON AVE</b>						
	<b>NEW YORK NY</b>						
	<b>D</b>			<input type="checkbox"/> DELETE			
	<b>AIKAWA, HIROSHI</b>						
	<b>335 MADISON AVE</b>						
	<b>NEW YORK NY</b>						
	<b>D</b>			<input type="checkbox"/> DELETE			
	<b>KUSHIBE, YOSHIMASA</b>						
	<b>5-15 1 CHOME, NISHI SHIMABASHI</b>						
	<b>MONATO KU TO</b>						
	<b>D</b>			<input type="checkbox"/> DELETE			
	<b>KUSHIBE, YOSHIMASA</b>						
	<b>5-15, 1 CHOME, NISHI SHIMABASHI</b>						
	<b>MINATO KU, TOKYO, JAPAN</b>						
	<input type="checkbox"/> DELETE						

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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

Date

Daytime Phone

CR2E034 (12/95)